

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

6685

1. PLACE OF DEATH

County Jackson
Township Prairie
City Independence (No.)

Registration District No. 400
Primary Registration District No. 5553B

File No.
Registered No. 5 St. Ward

2. FULL NAME

(a) Residence, No. Little Blue Mo. St. R. 7 D. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fannie Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1854

7. AGE YEARS 82 MONTHS 10 DAYS 7 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh, N. C.

13. NAME J. B. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown N. C.

15. MAIDEN NAME Helen Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown N. C.

17. INFORMANT (ADDRESS) Ernest E. Jackson Little Blue Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adams Cemetery DATE Jan. 6-1937

19. UNDERTAKER (ADDRESS) Fields & James 400 E. 1st St. Mo.

20. FILED Jan 5 1937 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/22, 1936, to 1-4, 1937. I last saw him alive on 1-1, 1937. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

cerebral hemorrhage Date of onset 12-36

Other contributory causes of importance: arteriosclerotic hypertension

Name of operation Date of
What test confirmed diagnosis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. W. Greene M. D.
(Address) Independence Mo.

