

APR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County MississippiRegistration District No. 567

Township

Primary Registration District No. 48311City East Prairie (No. ....)File No. 12667Registered No. 21

St. .... Ward)

2. FULL NAME Jesse Earl Jackson(a) Residence No. E. Prairie St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8 - 19377. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
2

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

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) East Prairie13. NAME A. E. Jackson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mabel York16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.17. INFORMANT A. E. Jackson  
(ADDRESS) East Prairie, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 3/19-919. UNDERTAKER Deans Shelby  
(ADDRESS) East Prairie20. FILED WAS 8/23 J. M. Hodges  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8 193722. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1937, to Mar 8, 1937I last saw him alive on Mar 7, 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:

Influenza

Date of onset

Other contributory causes of importance 110Bronchial pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify See W Whitaker, M. D.(Signed) See W Whitaker, M. D.(Address) East Prairie mo

PHYSICIANS should state Exact statement of OCCUPATION is very important.

