

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

Do not use this space.

**MAY 15 1937**

15232

**1. PLACE OF DEATH**

County Jackson  
Township Argo  
City Argo Mo (No. General Hosp #2)

Registration District No. 35  
Primary Registration District No. General Hosp #2

File No. 15232  
Registered No. 3129  
St. 3rd Ward

**2. FULL NAME**

(a) Residence, No. 2618 Euclid Ward. 1  
(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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 9 3

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

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  
Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Deceased Mrs Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Ratie Fleake

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) General Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 4/14

19. UNDERTAKER (ADDRESS) Hatkins Bros

20. FILED Apr 14 1937 31 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1937 to 4-11, 1937

I last saw her alive on 4-11, 1937 Death is said to have occurred on the date stated above, at 1:15 P. M.

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

Tuber Dorsalis Date of onset

Other contributory causes of importance: 80  
Chronic Pyonephrosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) P. C. Duane A. D.  
(Address) General Hosp #2

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.

