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.

JUN 17 1937

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No. 10524
Township Primary Registration District No. 1001 Registered No. 616
City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Joyce Lee Jackson,
(a) Residence, No. 1118 So. 12th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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) March 26, 1937,
7. AGE: YEARS | MONTHS 1 | DAYS 28 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child,
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) Saint Joseph, Missouri,

FATHER
13. NAME John P. Jackson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown, Missouri,

MOTHER
15. MAIDEN NAME Monte M. Irwin,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena, Missouri,

17. INFORMANT (ADDRESS) John P. Jackson 1118 South 12th. Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Auburn DATE May 25th 1937
19. UNDERTAKER (ADDRESS) Heaton, BeGale & Bowman 317 So. 10th. Street, Funeral
20. FILED 5/25 1937 H. J. Kestlebuch Home Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24th, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1937, to May 24, 1937
I last saw her alive on May 24, 1937. Death is said to have occurred on the date stated above, at 12:27 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bilateral Lobar Pneumonia | 5-23-37 |

Other contributory causes of importance:

| | |
|---|---|
| Rhinopharyngitis. | 5-10-37 |
| Bilateral Otitis Media | 5-17-37 |

Name of operation 0 Date of 0
What test confirmed diagnosis? clinical 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) Judson M. Hughes, M. D.
(Address) 2014 Phyd. Bldg. St. Joseph Mo.