

JUN 25 1937

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

Do not use this space.

20951

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 160/11

Township

Primary Registration District No. 3032

Registered No. 668

City Sedalia

(No. 414 N. Washington)

St.

Ward

2. FULL NAME

Lula B. Jackson

(a) Residence No. 414 N. Washington St. Ward.

(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 F. 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17/1864

7. AGE YEARS 72 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Sedalia Missouri

MOTHER FATHER 13. NAME Henry Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Missouri

17. INFORMANT (ADDRESS) Mrs Eugene Jones Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia DATE 5/15 1937

19. UNDERTAKER (ADDRESS) McLaughlin Bros. Sedalia Mo.

20. FILED May 15 1937 Jesse Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9-1937 to 5-12-1937

I last saw her alive on 5-12-1937 Death is said

to have occurred on the date stated above, at 4 P.M.

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

Date of onset

Cerebral Apoplexy (Paralysis)

Other contributory causes of importance:

Chronic Interstitial Nephritis

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? NA

If so, specify

(Signed) A. R. Maddox, M. D.

(Address) 116 1/2 W. Main

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.

