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JUL 2 9 1937

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

Do not use this space.

File No. 23938

Registered No.

Registration District No. 408

Primary Registration District No. 3020

1. PLACE OF DEATH

County Jasper

Township

City Carthage (No. 1407 Harrington Ave. St. Ward)

2. FULL NAME Infant of LeRoy and Crystal Jackson

(a) Residence, No. 1407 Harrington 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. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1937

7. AGE Years	Months	Days	If LESS than 1 day, 1 hrs. or min.
0	0	0	

OCCUPATION

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

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) Carthage
(STATE OR COUNTRY) Missouri

FATHER

13. NAME LeRoy Jackson

14. BIRTHPLACE (CITY OR TOWN) Sarcoxie
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Crystal Hurst

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

17. INFORMANT LeRoy Jackson
(ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fullerton Cemetery DATE June 9, 1937

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED June 9, 1937 L. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1937, to June 8, 1937

I last saw h. alive on June 8, 1937. Death is said to have occurred on the date stated above, at 10:30pm

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

	Date of onset
Atelectasis	6-8-37
162 International list of causes of death	

Other contributory causes of importance:

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

(Signed) Homer E. Byrd, M. D.

(Address) Carthage Missouri

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD