

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.

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Miller
Township _____
City Bellevue (No. _____)

Registration District No. 561 4330Primary Registration District No. 5-756File No. 24300Registered No. 932. FULL NAME Alma E. Jackson

(a) Residence, No. _____

(Usual place of abode)

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 Female4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Murray Jackson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1888

7. AGE

YEARS 49MONTHS 0DAYS 1

If LESS than 1 day, _____ hrs. or _____ min.

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) Missouri13. NAME Philander Hollenbeck14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Dorcas June16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.17. INFORMANT Murray Jackson(ADDRESS) Bellevue, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Big RockDATE June 13, 193719. UNDERTAKER Phillips General Home(ADDRESS) Bellevue, Mo.20. FILED June 13, 1937Belle Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 193722. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to June 11, 1937I last saw her alive on June 10, 1937 Death is saidto have occurred on the date stated above, at 10:50 A.M.

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

Cerebral Haemorrhage Date of onset 6/6/37

Other contributory causes of importance:

Atherosclerosis ?

Name of operation _____

Date of _____

What test confirmed diagnosis? ChemoWas 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? No

If so, specify _____

(Signed) H. W. Walter

, M. D.

(Address) Bellevue Mo.

