

AUG 11 1937

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

Do not use this space.

26265

1. PLACE OF DEATH

County

Township

City

Jackson
New
Kansas City

Registration District No.

Primary Registration District No.

(No. 5506 6 36th)

399

1002

File No.

Registered No.

St.

Ward

2. FULL NAME

(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

M.

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

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

Oct. 22, 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

46

8

18

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

Com. Laborer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

A.P.A.

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)

Fayette Mo.

13. NAME

William Jackson

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

Fayette Mo.

15. MAIDEN NAME

Ada Gilbert

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

Fayette

17. INFORMANT

(ADDRESS)

Lucille Jackson
5506 6 36th

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Highland 7/12/37

19. UNDERTAKER

(ADDRESS)

Watkins Bros.
1724 1/2 N. 4th

20. FILED

19

July 12/37 M. M. Crowe

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

7-9-1937

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
I last saw him... Deputy Coroner

Death is said

to have occurred on the date stated above, at 3:00 P.M.

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

Ruptured aortic aneurysm

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Autopsy 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? Yes

If so, specify

(Signed) Lucian Richardson M. D.

(Address) 1832 Vine

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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