

SEP 18 1937

25

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

Do not use this space.

## 1. PLACE OF DEATH

County BuchananRegistration District No. 85File No. 30209

Township

Primary Registration District No. 1001Registered No. 530City St. JosephNo. State Hospital for Insane #2

St. \_\_\_\_\_

Ward)

2. FULL NAME Susan Jackson(a) Residence, No. 107 S. 19<sup>th</sup> St. St. Joseph, Mo. Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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) Widowed6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Jackson6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16, 18557. AGE YEARS 81 MONTHS 10 DAYS 11 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) Marietta, Ohio13. NAME Al Warren14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambridge, Massachusetts15. MAIDEN NAME Melissa Ogle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio17. INFORMANT George G. Jackson (ADDRESS) 107 S. 19<sup>th</sup> St. St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE St. Auburn Cem. DATE Aug 30, 193719. UNDERTAKER Heaton - 1304 Old N. Bowman (ADDRESS) 319 So. 10<sup>th</sup> Street, St. Joseph, Mo.20. FILED 8/28, 1937 W. H. Neel Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 27, 193722. I HEREBY CERTIFY, That I attended deceased from Aug. 2<sup>nd</sup>, 1937, to Aug. 27, 1937.I last saw him alive on Aug. 27, 1937. Death is saidto have occurred on the date stated above, at 3:50 P.M.

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

Hypostatic Pneumonia  
Arteriosclerosis  
Myocardial degeneration

Date of onset

Other contributory causes of importance: SenilityArterio-sclerosisName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Sten. 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? No

If so, specify \_\_\_\_\_

(Signed) E. E. DeLong M. D.(Address) State Hosp. No. 2 St. Joseph, Mo.

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.

1 X7254

