NOV 17 1937

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

Do not use this space.

37647

File No. 955

Registered No.

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City: Springfield, Mo. (No. 346 Minota Lane St. Ward)

2. FULL NAME: John M. Jackson

(a) Residence, No. 346 Minota Lane 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. mos. 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	80	4	21	

OCCUPATION

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

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): Berry County Missouri

FATHER

13. NAME: Andrew Jackson

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

MOTHER

15. MAIDEN NAME: Emaline Williams

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

17. INFORMANT (ADDRESS): Mrs. C.A. Grisham Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Brookline, Mo. DATE: Oct. 3, 1937

19. UNDERTAKER (ADDRESS): Herman Lohmeyer Funeral Home Springfield, Mo.

20. FILED: Oct 2, 1937 Chas. A. Hoggard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/3, 1937, to 10/1, 1937

I last saw h. alive on 9/26, 1937. Death is said to have occurred on the date stated above, at 3 a.m.

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

Arteriosclerosis — Date of onset

Other contributory causes of importance:

97

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?

If so, specify

(Signed) J. R. Lemmon, M. D.

(Address) Springfield, Mo.

NOTE: Everything in information blocks to certainly supplied. Please be sure that the cause of death is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.