

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.

NOV 19 1937

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

File No. 38269
Registered No. 79

1. PLACE OF DEATH
County Mississippi Registration District No. 6767
Township Wagon Island Primary Registration District No. 6767
City (No. _____) St. _____ Ward _____

2. FULL NAME Berry Jackson
(a) Residence, No. Baranna, Miss. St. _____ Ward _____
(Usual place of abode)
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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 11 1

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

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) Oct 17 - 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

13. NAME Lee Jackson

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

15. MAIDEN NAME Matiny Brooks

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

17. INFORMANT (ADDRESS) Eynith Jackson, East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Oct 20 1937

19. UNDERTAKER (ADDRESS) Travis N. Shelly, East Prairie, Mo.

20. FILED Oct 20 1937 Frank M. Hodges, Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2¹⁵ 9 m.
The principal cause of death and related causes of importance were as follows:
by a Gun shot by Willie Johnson and was found on the out land plantation 10/18-1937
with brain acting barometer
Other contributory causes of importance:
173

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? no
If so, specify _____
(Signed) Frank J. Bennett, M. D.
(Address) Charleston Mo

