NOV 24 [illegible]

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No. 38903
Township Marshall — Primary Registration District No. 6039 — Registered No. 178
City Penny Town (No. ..... St. ..... Ward)

2. FULL NAME ~~Lucile Jackson~~ Mildred Jackson
(a) Residence, No. Saline Co 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 F
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 Mack R Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 — 1909
7. AGE YEARS 27 MONTHS 10 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Oct 21, 1937
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo

FATHER
13. NAME John Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co Mo.

MOTHER
15. MAIDEN NAME Bettie Fisher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) John Wilson
18. BURIAL, CREMATION, OR REMOVAL PLACE ~~Nelson~~ Mo DATE Oct 27 1937
19. UNDERTAKER (ADDRESS) F. D. Ferguson Marshall
20. FILED 10-25 1937 Mary Kent Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1937, to Oct 23, 1937
I last saw her alive on Oct 23, 1937. Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Lobar pneumonia | ? |

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) [illegible], M. D.
(Address) Marshall Mo.

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.