

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

Do not use this space.

**DEC 2 1937**

**1. PLACE OF DEATH**

County Jackson  
 Township Hazel Hill  
 City..... (No.....) St..... Ward.....

Registration District No. 431  
 Primary Registration District No. 5591

File No. 41682  
 Registered No. 427

**2. FULL NAME** Charles Forest Jackson

(a) Residence, No..... 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**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 7 21

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

13. NAME George H. Jackson

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

15. MAIDEN NAME Mary E. Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

17. INFORMANT (ADDRESS) Mrs. William Murray Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Tabor Cem. DATE Dec 2 1937

19. UNDERTAKER (ADDRESS) W.E. Wilcox Funeral Service Warrensburg Mo.

20. FILED Dec 1 1937 Eva Mendenhall Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 1937

22. I HEREBY CERTIFY That I attended deceased from June 30 1937 to Nov 30 1937

I last saw him alive on Nov 30 1937 Death is said to have occurred on the date stated above, at 6 A.M.

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

Myocardial Insufficiency (Cardiac) Date of onset Nov 1937

Other contributory causes of importance: Arteriosclerosis 6 mo.

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) R. Schaeffer M. D.

(Address) Warrensburg Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

