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.

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

Do not use this space.

JAN 17 1938

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 44246
Township Raw — Primary Registration District No. 1002 — Registered No. 5149
City Kansas City (No. General Hosp # 2 St. Ward)

2. FULL NAME Dorothy Lee Jackson
(a) Residence, No. 1213 Tracy St., Ward. (If nonresident, give city or town and State)
(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

3. SEX Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8 1937
7. AGE YEARS MONTHS 4 DAYS 11 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) N. C. Mo.
FATHER
13. NAME Eddie Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.
MOTHER
15. MAIDEN NAME Anneta Shepard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
17. INFORMANT (ADDRESS) Eddie Jackson 1213 Tracy
18. BURIAL, CREMATION, OR REMOVAL
PLACE Westlawn Cem DATE 12/21 1937
19. UNDERTAKER (ADDRESS) West Appleton & Jones Inc. 1905 Vine St.
20. FILED Dec 21 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19, 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 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Primary 107a	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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? .....
If so, specify .....
(Signed) Russell W. Kerr, M. D.
(Address) K Cem 4