

JAN 21 1938

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

Do not use this space.

46310

348

File No. 346
Registered No. 668

50
8

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 1032
City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 433 N. Mill 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19, 1903
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 8 18

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 - 1937
22. I HEREBY CERTIFY, That I attended deceased from 10-3-37, to 12-3-37, 1937
I last saw h.c.m. alive on Dec-3-, 1937. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

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

Date of onset _____
Carcinoma of Pancreas
Other contributory causes of importance: No
Name of operation Exploratory Date of _____
What test confirmed diagnosis? Specimen Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo
13. NAME William Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copper Co. Mo

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. _____

MOTHER FATHER
15. MAIDEN NAME Mattie Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Copper Co. Mo
17. INFORMANT Mattie Coleman (ADDRESS) sedalia

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) C. R. Maddy, M. D.
(Address) 116 E. W. Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia Mo DATE Dec 7 1937
19. UNDERTAKER F. D. Ferguson (ADDRESS) Sedalia Mo
20. FILED Dec 7 1937 Jean Slack Registrar.

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

Maddy

