JAN 25 1938

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

Do not use this space.

2
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1. PLACE OF DEATH
County Stoddard — Registration District No. ~~838~~ — File No. 46951
Township Castor — Primary Registration District No. 6098 — Registered No.
103
City ~~Aide~~ (No. , St. Ward)

2. FULL NAME Jesse Girtrude 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 21, 1904

7. AGE: 32 YEARS — MONTHS: 10 — DAYS: 25 — 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.
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): Aid Mo

FATHER
13. NAME: Geo. D. Parks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Linda Herndon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Elva Potter

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harper Cemetery DATE 11-18 1937

19. UNDERTAKER (ADDRESS): Watkins Undertaking Co. Dexter, Mo.

20. FILED 1-8 1938 Margaret Bonyerty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to Nov. 18, 1937
I last saw her alive on Nov. 16, 1937 Death is said to have occurred on the date stated above, at 1.30 P.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Of Lungs	
46	

Other contributory causes of importance:

Sarcoma, Primary lesion decending colon

Name of operation Colosotmy Date of 1/36
What test confirmed diagnosis? Lab. 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?
If so, specify
(Signed) S S Davis, M. D.
(Address) Dexter, 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.