

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.

REC'D MAR 23 1938

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

Do not use this space.

7901

1. PLACE OF DEATH

County Call Co
Township Ward
City Ward, Mo (No.)

Registration District No. 912
Primary Registration District No. 5960B

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Raddie Jackson 250
(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. invalided
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) Harrisburg Mo

FATHER 13. NAME Wm Webb 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 1

MOTHER 15. MAIDEN NAME Moynie 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Carl Cobb

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardalia DATE 8-1st '38

19. UNDERTAKER (ADDRESS) J. B. Galank Wardalia Mo

20. FILED 3/8 1938 Carrie J. Utterback 27 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28-1938

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to July 28, 1938
I last saw h. or alive on July 26, 1938. Death is said to have occurred on the date stated above, at 1:00 p. m.

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

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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 1

24. Was disease or injury in any way related to occupation of deceased?

If so, specify H. H. Blaud (Signed) Wardalia Mo M. D.
(Address)

