

REC'D APR 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County Audrain
Township Salt River
City MEHICU-1 (No. _____)Registration District No. 26
Primary Registration District No. 3002File No. 10007
Registered No. 49
St. _____ Ward _____

2. FULL NAME

Hadley Jackson(a) Residence, No. Rafayette Wainwright St. _____ Ward _____
(Usual place of abode)Length of residence in city or town where death occurred 3 yrs. 7 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Sadie Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Un -</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>-</u>
	DAYS <u>-</u>	IF LESS than 1 day, hrs. or min.

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.	<u>General labor</u>
	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).....
AUXVASSE MO13. NAME Luther Jackson14. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY).....
Portland MO15. MAIDEN NAME Lula Proctor16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY).....
MISSOURI17. INFORMANT Luther Jackson
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 3-22 193819. UNDERTAKER H. J. Ector
(ADDRESS) 100 Park - MO20. FILED Mar 27 - 1938 Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-25 193822. I HEREBY CERTIFY That I attended deceased from 1-2 1938, to 3-25 1938I last saw him alive on 3-25-38 Death is said to have occurred on the date stated above, at 9:30 m.

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

Pul Tuberculosis 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.....

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

If so, specify.....

(Signed) H. J. Ector M. D.(Address) Mexico, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 36
20A-2 X7294

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.

