

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 APR 15 1938

MISSOURI STATE BOARD OF HEALTH  
3  
1  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

11023

## 1. PLACE OF DEATH

County Jackson  
Township Orare  
City (No. 26 Home)

Registration District No. 400  
Primary Registration District No. 555313

File No. \_\_\_\_\_  
Registered No. 63  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. Jackson Home  
(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

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

S

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

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8-7-1869

## 7. AGE

68

YEARS

MONTHS

DAYS

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)

Nebraska

## 13. NAME

Unknown

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

## 15. MAIDEN NAME

Unknown

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

Nebr

## 17. INFORMANT (ADDRESS)

Ernest Jackson

## 18. BURIAL, CREMATION, OR REMOVAL

Homeville Col. DATE Mar 21 1938

## 19. UNDERTAKER (ADDRESS)

Kelly Bros

## 20. FILED

Mar 25 1938 William J. Shields Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 193822. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 3-20, 1938.I last saw h. 3-17 alive on 3-17, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

mitral regurgitation Date of onset \_\_\_\_\_Other contributory causes of importance: u2Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis clinical Was there an autopsy? no23. 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? no  
If so, specify \_\_\_\_\_(Signed) W. J. Green, M. D.  
(Address) 3620 Independence

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1938-320  
68 89  
6-13