

REC'D MAY 13 1938

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

Do not use this space.

1. PLACE OF DEATH

County Saline Registration District No. 701
Township Warren Primary Registration District No. 1422
City Bulmar (No. _____) St. _____ (Ward) _____

File No. 15578

Registered No. 17

2. FULL NAME

Robert Asa 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 Male 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 Alice N. Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1864
7. AGE YEARS 73 MONTHS 4 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & day laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked this occupation (month and year) _____ 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Talbot, Md.

FATHER 13. NAME Peter Jackson

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

MOTHER 15. MAIDEN NAME Mary Ann Nash

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

17. INFORMANT (ADDRESS) Alice N. Jackson, Bulmar, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE April 22, 1938

19. UNDERTAKER (ADDRESS) Palmita Englin, Bulmar, Missouri

20. FILED 5-3-, 1938 J. W. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, that I attended deceased from Apr. 4, 1938, to Apr. 17, 1938. I last saw him alive on Apr. 17, 1938. Death is said to have occurred on the date stated above, at 4 P. m. The principal cause of death and related causes of importance were as follows:

Carcinoma of bladder

Date of onset

Other contributory causes of importance: impacted bowel

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? no
If so, specify _____ (Signed) E. J. H. _____, M. D.
(Address) Bulmar

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.

