

REC'D MAY 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Center
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. 16086
Registered No. 115
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 721 1/2 Highland St., 2 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. - 0 mos. - 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1851

7. AGE YEARS 86 MONTHS 9 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) not known13. NAME Madison Monroe Jackson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known15. MAIDEN NAME Jane Worthington16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known17. INFORMANT Mrs M. J. Sawyer18. BURIAL, CREMATION, OR REMOVAL Buried DATE April 25 193819. UNDERTAKER Ferris Funeral Home20. FILED 4-24 1938 Allen V. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1938I HEREBY CERTIFY, That I attended deceased from 3:15 1938, to 4:25 1938.I last saw h. Am. alive on 4/23 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Grave deterioration of Date of onset

Myo carditis (Chronic)
followed by heart dilatation

Other contributory causes of importance: 73C

Arterio Sclerosis (Arterial)

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? noIf so, specify M. D.(Signed) M. D. _____, M. D.(Address) Nevada Mo

Every item of information furnished on this form is for the purpose of ascertaining the cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

