J C Perry

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 17396
Township: Raw — Primary Registration District No.: 1997 — Registered No.: 2093
City: Kansas City (No.) Wheatley Provident Hosp. St. Ward)
2. FULL NAME: Leafolla Jackson — 250
(a) Residence. No. 2820 N. Sherman St., Ward. Kans. City, Kans.
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Ray Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22. 1906
7. AGE: Years 32 — Months 2 — Days 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Santa Fe R.R. Co.
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): Kansas

FATHER
13. NAME: Andrew Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Ella Lee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT: Anna Ray Jackson
(ADDRESS) 2820 N. Sherman
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Maple Hill Cem. DATE: May 20 1938
19. UNDERTAKER: Nathan W. Thatcher
(ADDRESS) 1520 N. 5th St.
20. FILED: May 20 1938 M. M. Brown asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from 3/15/1938, to 5/16/1938, I last saw him alive on 5/16/1938. Death is said to have occurred on the date stated above, at 6:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd Degree Burns of both Extremities	
2nd Degree Burns of Chest & Back	
Secondary Anemia	

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? None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Eugene B. Perry M. D.
(Address) 1214 Union, K.C., Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.:
Township: Raw — Primary Registration District No.: 1002 — Registered No.: 2093
City: (No. St. Ward)

2. FULL NAME: Leafoida Jackson
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: 32 — 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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19
19. UNDERTAKER (ADDRESS)
20. FILED May 20, 1938 B. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., to ..., 19..
I last saw h... alive on ..., 19.. 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:

	Date of onset
3rd Degree Burns	
1st Both extremities	
2nd Deg Burns	
Chest & Back	

Other contributory causes of importance: 181

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? At his residence 2820 Sherman (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: a coal-oil explosion in stove
Nature of injury: Extensive burns of body
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Eugene B. Terry, M. D.
(Address) 1214 Vine Vine

1938
S-17396