

AUG 23 1938

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

Do not use this space.

1. PLACE OF DEATH
 County Cape Girardeau Co. Registration District No. 1257
 Township Wagon Wheel Primary Registration District No. 5178
 City Wagon Wheel (No. 41) St. 250 (Ward)

2. FULL NAME James Jackson
 (a) Residence, No. Five year Cuckader Farm
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 5 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 Mary Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1892
 7. AGE YEARS 56 MONTHS 3 DAYS If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Jackson Co Missouri
 13. NAME Wm Jackson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Mrs Mary Jackson Cape Girardeau
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmant DATE 7/16/38
 19. UNDERTAKER (ADDRESS) Beardsley Cape Girardeau
 20. FILED 7-14-38 Jim Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1938
 22. I HEREBY CERTIFY That I attended deceased from 7-14 1938 to 7-14 1938
 I last saw him alive on 7-14 1938 Death is said to have occurred on the date stated above, at 7:10 PM.
 The principal cause of death and related causes of importance were as follows:
Malarial fever 1850s
1949
 Other contributory causes of importance:
fell against pole on July 2, 1938, fall bruised side (R)
 Name of operation NO Date of
 What test confirmed diagnosis? NO (Was there an autopsy?) NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 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 George D. Walker M.D.
 (Signed) George D. Walker M. D. (Address) Cape Girardeau MO

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

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.

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