

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.

OCT 20 1938

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

Do not use this space.

33476

1. PLACE OF DEATH
 County Stoddard Registration District No. 839 File No. 4510
 Township Pineau Primary Registration District No. 6407 Registered No. 32
 City (No. _____) St. _____ Ward _____

2. FULL NAME Marion F. Ray Jackson
 (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 M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 38

7. AGE YEARS ✓ MONTHS ✓ DAYS ✓ If LESS than 1 day, 6 hrs. or 30 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casey, Mo.

FATHER

13. NAME Orion L. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Mo.

MOTHER

15. MAIDEN NAME Nona Mae Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delview, Mo.

17. INFORMANT Orion Jackson
 (ADDRESS) Casey, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Imperial Cem. DATE 9-29-38

19. UNDERTAKER Wool
 (ADDRESS) _____

20. FILED 9-28-38 St. J. B. Brandon
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 28 - 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Sept. 28 - 1938. Death is said to have occurred on the date stated above, at 12:30 m.

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

Date of onset 12/13/38

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis clinical 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? _____
 If so, specify _____
 (Signed) J. P. Brasher M. D.
 (Address) Casey, Mo.

