FILED NOV 15 1938

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

Do not use this space.

File No. 34980

Registered No.

1. PLACE OF DEATH
County Atchison 3 Registration District No. 19
Township Primary Registration District No. 4013
City Rock Port (No. ..... St. ..... Ward)

2. FULL NAME Wanda Darlene Jackson
(a) Residence, No. 250 Hamburg Ia 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 Female
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) July 15-1935

7. AGE YEARS 3 MONTHS 3 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Iowa

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

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

17. INFORMANT (ADDRESS) Frank Jackson Hamburg Ia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tabor Ia DATE Oct 28 1938

19. UNDERTAKER (ADDRESS) Harry N Manfred Hamburg Ia

20. FILED Nov 10 1938 Mary G Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1938, to Oct 27 1938
I last saw her alive on Oct 27 1938. Death is said to have occurred on the date stated above, at 12:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enteritis	Oct 27-38
177-	
1-	

Other contributory causes of importance:

Food Poisoning	Oct 27-38

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? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Hamburg Ia

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.

Child was in Coma when seen by me at 10 P.M
Oct 26.38. Died in 3 hours - History of violent
diarrhea, vomiting & convulsions.

[illegible] M.D.