

DEED NOV 3 1938

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

38576  
Do not use this space.

1. PLACE OF DEATH 2

(a) County Pulaski Registration District No. 713

(b) Township Union Primary Registration District No. 5742 Registered No. \_\_\_\_\_

(c) City Tribune (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 250 William Garfield Jackson

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

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 Martha Elvina Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 50 4 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as 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) Marblet Stand, Tenn.

FATHER 13. NAME Wm. Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs Wm Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Waynesville DATE 10/27 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. H.R. McCaw

20. FILED 10/21 1938 C. G. Talbot Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1935, to 10/20, 1935

I last saw him alive on 10/15, 1935 Death is said to have occurred on the date stated above, at 8 A. m.

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

Suicide  
gun shot wound self inflicted  
16/1

Date of onset \_\_\_\_\_

Other contributory causes of importance Very poor health

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 Suicide Date of injury 10/20 1935

Where did injury occur? Pulaski Co. Tenn. (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. Home

Manner of injury Self inflicted

Nature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) C. G. Talbot, Co. Physician, M.D. (Address) Waynesville, Tenn.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*R. S. McLaw*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*R. S. McLaw*

Licensed Embalmer No. ....

*3953*

P. O. Address.....

*Rolls, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**