

DEC'D JAN 6 1939

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

Do not use this space.

1. PLACE OF DEATH

County CallawayRegistration District No. 105Township St. RobertPrimary Registration District No. 4064City Mokane (No. 1)

St. _____ Ward)

2. FULL NAME

Claude Griffin 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

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~~Bertha A. Burks

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

Apr 26, 1874

7. AGE

YEARS
64

MONTHS

7

DAYS

23

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Barber

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)

Jan 23, 1938

11. Total time (years) spent in this occupation

20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Wainwright
Callaway - Mo

FATHER

13. NAME Abner Jackson

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

U.K.

MOTHER

15. MAIDEN NAME Frances Boyd

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

Wainwright Mo
Callaway

17. INFORMANT (ADDRESS)

Mrs C. G. Jackson

18. BURIAL, CREMATION, OR REMOVAL

PLACE MokaneDATE Dec 20 1938

19. UNDERTAKER (ADDRESS)

Glen T. Marpin
700 Court St - Fulton, Mo

20. FILED

12/20/1938W. H. Williamson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 193822. I HEREBY CERTIFY, That I attended deceased from 12:00 P.M. 1938 to 12:18 1938I last saw him alive on 12:00 1938 Death is said-to have occurred on the date stated above, at 8:00 P.M.

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

Myocardial Infarction
with hypertension of chd

Date of onset

Jan 1938

Other contributory causes of importance:

131
Erysipelas
Septicemia
& Hypertension

Name of physician

Date of

What test confirmed diagnosis? Chd. X-ray & 24 hrs. 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) W. H. Williamson M. D.(Address) Mokane107

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERNANENT RECORD.

