REC'D JAN 25 1939

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

Do not use this space.

File No. 43613
Registered No. 74

**1. PLACE OF DEATH**
County: Lawrence 2
Township: Aurora
City: Aurora (No. 15 West Lee St. Ward)
Registration District No. 467
Primary Registration District No. 4280

**2. FULL NAME** Margaret Ruth Jackson.
(a) Residence, No. 15 West Lee St. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15-1938

| 7. AGE Years | Months | Days | If LESS than 1 day, 3 hrs. or 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

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

FATHER
13. NAME John W Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deep Water Missouri.

MOTHER
15. MAIDEN NAME Margaret Hawthorne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seligman Missouri.

17. INFORMANT Mrs Lillie Hawthorne
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE 12-18 1938

19. UNDERTAKER J. F. King
(ADDRESS) Aurora Mo.

20. FILED Jan 3 1939 R D Cowan M.D.
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-15 1938 to 12-15 1938
I last saw her alive on 12-15 1938. Death is said to have occurred on the date stated above, at 11:45 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Respiratory failure (Congenital) | 12-15 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| Strangulation of umb. cord | unknown |
| Uterine Inertia | 12-15 |
| Ventral hernia | ?? |

Name of operation Venotomy Date of 12-15-38
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-15 1938
Where did injury occur? Intrauterine (Aurora Mo)
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Intrauterine - In home
Manner of injury Strangulation of umb. cord
Nature of injury Strangulation by compression

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify accident of birth
(Signed) C. E. Bennett M. D.
(Address) 114 Madison - Aurora Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I hereby certify that the Body whose
name is recorded on Reverse side of
this certificate was embalmed by me

Herman Swingle
Licensed Embalmer No - 3072
Aurora Mo.