

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

Do not use this space.

REC'D JAN 25 1938

**1. PLACE OF DEATH**

County Lawrence Registration District No. 145  
 Township Wm. Van Primary Registration District No. 5683  
 City Waverly No. Missouri State Van.

File No. 43635  
 Registered No. 145-  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 255 Harold / Jackman St. Siles Mo. Ward. \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 Mrs Harold Jackman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
30 1 5

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

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) Dec 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME H. T. Jackman

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

15. MAIDEN NAME Mable Hall

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

17. INFORMANT (ADDRESS) Sm. Michael Reed Clark Missouri State Van

18. BURIAL, CREMATION, OR REMOVAL PLACE Siles, Mo DATE Dec. 3, 1938

19. UNDERTAKER (ADDRESS) Jessett Funeral Home, Siles, Mo

20. FILED Dec 3, 1938 P. A. Holmes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1938, to Dec 2, 1938

I last saw h. i. m. alive on Dec 2, 1938 Death is said to have occurred on the date stated above, at 11:25 P.m.

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

Pulmonary tuberculosis Date of onset Oct 1937

Other contributory causes of importance: Enteritis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Sp. test Was there an autopsy? No

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) J. A. Tucker, M. D. (Address) Waverly, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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