

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939

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

Do not use this space.

44632

1. PLACE OF DEATH

County Scott Registration District No. 520
 Township Jermana Primary Registration District No. 6039
 City Jermana (No. _____) St. _____ Ward _____

2. FULL NAME

Stillborn
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/20/38

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 a.m.

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

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

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 _____

unknown
(possibly pneumonia of mother)
 Date of onset _____

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

Other contributory causes of importance: _____

FATHER 13. NAME Verlen Jackson

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME Catharine Hollingsworth

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Verlen Jackson

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 12/20 1938

Manner of injury _____

19. UNDERTAKER (ADDRESS) none

Nature of injury _____

20. FILED 1-9 1939 J. P. Rickman Registrar.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. P. Rickman, M. D.
Jermana (Address)

