

REC'D FEB 23 1939

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

2661
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Joplin Primary Registration District No. 2002 Registered No. _____
(c) City Joplin (d) Street No. St. Johns Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Martha Carroll Jackson

(a) Residence, No. 1421 Wall St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Pittsfield, Ill.

13. NAME C. M. Altigier

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Mrs. Arthur Russell

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Jan 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Thornhill-Dillon

20. FILED 1-14 1939 E. E. Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1939

22. I HEREBY CERTIFY, That I also deceased from _____, 19____, to _____, 19____
I last saw her alive on Jan 12, 1939. Death is said to have occurred on the date stated above, 2 08 a / 11 12 / 09 m.
The principal cause of death and related causes of importance were as follows:

Shock due to an automobile accident in which brain injury, fract right leg, fract right wrist were sustained.

Other contributory causes of importance:
Walking across main street when struck by automobile

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 1/11, 1939
Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Main Street - Joplin, Mo.
Manner of injury Automobile Accident
Nature of injury Concussion and fractures

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. J. Winchester Coroner, M. D.
Joplin, 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.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-312

Date Filed FEB 16 1939

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,

David Dillon

or by

Registered Apprentice No., working under my personal supervision.

Signed

David Dillon

Licensed Embalmer No.

3898

P. O. Address

Joplin 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.