

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

5874
Do not use this space.

1. PLACE OF DEATH 73

(a) County Doane Registration District No. 73

(b) Township Columbia Primary Registration District No. 30.06

(c) City Columbia (d) Street No. _____ St.

(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 George H. Jackson

(a) Residence, No. 210 S. 4th St. (Usual place of abode, if no street address, write county or city) (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 Nannie Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4, 1876

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

62 3 24

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

9. Industry or business in which work was done, as saw mill, bank, etc. Appt

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 28 - 1939

22. I HEREBY CERTIFY, That I attended deceased from on 2-28- 1939, to _____, 19____.

I last saw him alive on 2-26- 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Date of onset 2-27-39

Other contributory causes of importance:
None

Name of operation None Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. D. Dyson, M. D.

(Address) Columbia, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER

13. NAME Henry Jackson 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Nannie Bradley

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

17. INFORMANT (ADDRESS) G. L. Jackson Columbia, Mo.

18. BURIAL CREMATION OR REMOVAL PLACE Columbia, Mo. DATE March 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. Dyson Columbia, Mo.

20. FILED 3/2/39 Allie Selby Local Registrar.

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.

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, ~~or~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

M. D. Philadelphus

Licensed Embalmer No. 3893

P. O. Address Calumpit

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.