

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

Do not use this space.

6002

REC'D MAR 15 1939

1. PLACE OF DEATH

County Buchanan Registration District No. 80
Township Tremont Primary Registration District No. 3720
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME

George Edward Jackson
(a) Residence, No. People Mo. St. R.F.D. 1 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 12, 1938

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|----------|-----------|----------------------------------|
| | | <u>3</u> | <u>11</u> | |

| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/> | 11. Total time (years) spent in this occupation..... |
|------------|---|--|
| | 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)..... | |

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

13. NAME Rufus Jackson

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

15. MAIDEN NAME Grace Lucille Giff

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

17. INFORMANT Rufus Jackson (ADDRESS) Hempfle Mo.

18. BURIAL, CREMATION, OR REMOVAL Cremation PLACE Chenevenger DATE February 25, 1939

19. UNDERTAKER J. A. Collins (ADDRESS) Lawer, Mo.

20. FILED Feb. 24, 1939 Mrs. Lucy Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 23, 1939

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

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Croup pneumonia

Other contributory causes of importance: 10/1

Name of operation..... 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?..... 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?.....

If so, specify.....

(Signed) J. F. Kimball, M. D.

(Address) 531. Eastern Missouri

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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