

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

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

7397
Do not use this space.

REC'D MAR 21 1939

1. PLACE OF DEATH
 (a) County Putnam Registration District No. 114
 (b) Township Indian Primary Registration District No. 5869 Registered No. 1
 (c) City or Portageville (d) Street No. _____ 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 Raymond Jackson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 19 hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Portageville, Mo
 13. NAME Raymond Jackson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo
 15. MAIDEN NAME Alice Ballard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo
 17. INFORMANT (ADDRESS) Raymond Jackson
Portageville
 18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 1-9-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. M. Payne
Portageville, Mo
 20. FILED 2-22-39 Mary W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-39
 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 8, 1939
 I last saw him alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
Prematurity
 Other contributory causes of importance:
transient tubercles
(of lung)
 Name of operation none Date of _____
 What test confirmed diagnosis? none 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) Raymond C. Leonard, M. D.
Portageville, Mo. (Address)

Date of onset 1-7-39

RECEIVED

District Health Officer No. 3,

District File Number 3-9-182

Date Filed 3/2/39

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 by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.