

REC'D MAY 10 1939

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

Do not use this space.

15947

1. PLACE OF DEATH

County: *St. Charles*
Township: *Leury*
City: *Boonville* (No. *2*)

Registration District No. *710A*
Primary Registration District No. *5999*

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME *James Henry Jackson*

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred *20* 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

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mattie L Jackson</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 30-1871</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>67</i>	<i>3</i>	<i>26</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>			
	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Meridian Mississippi</i>				
FATHER	13. NAME <i>William Jackson</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Meridian Miss</i>			
MOTHER	15. MAIDEN NAME <i>Emily Chesley</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Meridian Miss</i>			
17. INFORMANT (ADDRESS) <i>Mattie Jackson, Boonville, Mo.</i>				
18. BURIAL, CREMATION, OR REBURNAL PLACE <i>Boonville Mo</i> DATE <i>4-30</i> 1939				
19. UNDERTAKER (ADDRESS) <i>J. E. Pittman, Walnutville, Mo.</i>				
20. FILED <i>5/21</i> 1939 <i>Hethuda S. Foster Registrar</i>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 27* 1939

22. I HEREBY CERTIFY, That I attended deceased from *May* 1939, to *April 26* 1939
I last saw him alive on *4/25* 1939. Death is said to have occurred on the date stated above, at *9:30* a.m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion Date of onset *?*

Other contributory causes of importance:
946

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? *No*
If so, specify _____ (Signed) *A. C. McMurphy*, M. D.
681 (Address) *Walnutville, 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.

