

JUL 11 1939

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

21751
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township 1 Primary Registration District No. 3009
(c) City Cape Girardeau (d) Street No. 405 Good Hope St. St.
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 207

2. PRINT FULL NAME Andrew Jackson

(a) Residence, No. 405 Good Hope 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 Male 4. COLOR OR RACE Colored 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) Sept. 23, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Cape County near Cape Girardeau, Mo.

FATHER 13. NAME Franklin Andrew Jackson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Mo. 0

MOTHER 15. MAIDEN NAME Marcella Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape County, Mo.

17. INFORMANT (ADDRESS) Randolph Jackson 405 Good Hope St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont DATE June 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. J. Sparks Cape Girardeau, Mo.

20. FILED 6-6-39 J. M. Thompson Local Registrar. (Signed) A. M. Murphy, M. D. (Address) Cape Girardeau, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to June 6, 1939. I last saw him alive on June 6, 1939. Death is said to have occurred on the date stated above, at 11:11 a.m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

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) A. M. Murphy, M. D. (Address) Cape Girardeau, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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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,

Frank J. Sparks

, or by

Registered Apprentice No., working under my personal supervision.

Signed *Frank J. Sparks*

Licensed Embalmer No. *3433*

P. O. Address *Cape Girardeau*

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.