

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.

JUL 19 1939

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

Do not use this space.

23130

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River (No.)

Registration District No. 274
Primary Registration District No. 4460

File No.
Registered No. 879 St. Ward

2. FULL NAME

William Albert Jackson

(a) Residence, No. St. Ward.

(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Jackson

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 1871

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1939, to 4-13 1939
I last saw him alive on 4-12 1939. Death is said to have occurred on the date stated above, at m.

7. AGE YEARS 67 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

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

broncho pneumonia
Pulm. inf. Date of onset 7-10-39

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, lab.
9. Industry or business in which work was done, as mill, saw mill, bank, etc. ed jobs
10. Date deceased worked at this occupation (month and year) 1/37 11. Total time (years) spent in this occupation 46

Other contributory causes of importance: arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy Yes

13. NAME Jasper Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

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.

15. MAIDEN NAME ..
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ..

17. INFORMANT (ADDRESS) Mary Jane Jackson Flat River Mo

Manner of injury
Nature of injury

18. BURIAL, CREMATION OR REMOVAL PLACE Flat River Mo DATE 4/46 1939

24. Was disease or injury in any way related to occupation of deceased? unk
If so, specify

19. UNDERTAKER (ADDRESS) Caldwell Bros Flat River

(Signed) Harold C. Grebe M. D.
(Address) Bealage Mo

20. FILED 7-2 1939 C. J. Harra Registrar.

