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.

REC'D AUG 12 1939

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

Do not use this space.

26440

1. PLACE OF DEATH
County Pemiscot
Township
City Caruthersville (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 4388
File No.
Registered No. 75

2. FULL NAME Robert A. 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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/25/1880
7. AGE YEARS 59 MONTHS 1 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church
10. Date deceased last worked at this occupation (month and year) 7-21-39
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byhalia miss

FATHER
13. NAME Steve Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byhalia miss

MOTHER
15. MAIDEN NAME Mary Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Byhalia miss

17. INFORMANT (ADDRESS) Callie B. Key Clarkdale ark
18. BURIAL, CREMATION, OR REMOVAL PLACE Clarkdale, ark. DATE 7-30 1939
19. UNDERTAKER (ADDRESS) Mrs T. J. Smith Hayti, Mo.
20. FILED July 28 1939 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1939 to July 26, 1939
I last saw him alive on July 26, 1939 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:
Colitis
12 D b
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) J B Lutin, M. D.
(Address) Caruthersville Mo

RECEIVED
District Health Officer No. 3,
District File Number 839-87
Date Filed 8/7/89