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.

REC'D SEP 15 1939

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

Do not use this space.

28486

1. PLACE OF DEATH
County Audrain
Township ~~Salt River~~
City Mexico Mo (No. ..... St. ..... Ward)

Registration District No. 26
Primary Registration District No. 3002

File No. .....
Registered No. 125

2. FULL NAME Lena Jackson
(a) Residence, No. 602 E. Bolivar St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Luther Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-17-1876

7. AGE: YEARS 53 MONTHS 5 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maid
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): Callaway Co Mo

FATHER
13. NAME: Henry Brooks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway Co Mo

MOTHER
15. MAIDEN NAME: Amanda Chandler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway Mo

17. INFORMANT (ADDRESS): Luther Jackson Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Elmwood Mexico Mo DATE: 8-22-1939

19. UNDERTAKER (ADDRESS): A. L. Reynolds Mexico Mo

20. FILED: Aug 23, 1939 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-20-1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Coroners Case
Natural Causes (unknown)

Date of onset

Other contributory causes of importance:

2 DD

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) B. M. Marlow Coroner, M.D.
(Address) Audrain Co. 4

RECEIVED
District Health Officer No. 10
District File Number 9-39-1579
Date Filed SEP 8 1939