APR 17 1940

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

Do not use this space.

11977
See also 15767-40

File No. 668

Registered No. 10210

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township

Primary Registration District No. 3039

City Sedalia Mo. (No. 250 St. Ward)

2. FULL NAME Anthony Jackson

(a) Residence, No. 721 W Cooper 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

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 Mildred Jackson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st 1859

7. AGE: Years 80 | Months 7 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Osgoodsville Saline Co Mo.

FATHER

13. NAME Wm Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osgoodsville Saline Co Mo.

MOTHER

15. MAIDEN NAME Lucy Crosby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Henry Carter Sedalia

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Marshall Mo DATE Mar 14 1940

19. UNDERTAKER (ADDRESS) F. R. Ferguson Sedalia

20. FILED Mar 13 1940 Mrs Harry Suell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 12 1940

22. I HEREBY CERTIFY, That I attended deceased from Cerebral Case only 19..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Pulmonary edema	
Acute dilatation of heart	

Other contributory causes of importance:
Mitral insufficiency
Cardiac hypertrophy
Atherosclerosis aorta

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? No
If so, specify

(Signed) Lorna Hawthorne M. D.

(Address) County Pettis Co.

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.

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

100M-3-33

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40