

FILED AUG 13 1942

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

Do not use this space.

25489

1. PLACE OF DEATH

103 County StoddardTownship Elk

City (No.)

103 836 7/16
Registration District No. 3Primary Registration District No. 6098A
6100 6/15/1

File No.

Registered No. 33

St. Ward)

2. FULL NAME

Thelma Jean Jackson(a) Residence, No. R#1 Malden Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1942</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>4</u>
		IF LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)13. NAME Franklin Eugene Jackson14. BIRTHPLACE (CITY OR TOWN) Advance Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Mildred Wills16. BIRTHPLACE (CITY OR TOWN) Gulin, Mo.
(STATE OR COUNTRY)17. INFORMANT Mildred Jackson
(ADDRESS) R#1, Malden Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Berme Mo. DATE 7/17 194219. UNDERTAKER Duncan Funeral Home
(ADDRESS) Berme, Mo.20. FILED 8-8- 1942 Carate Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 194222. I HEREBY CERTIFY That I attended deceased from July 1st 1942 to July 16 1942I last saw her alive on July 16 1942 Death is saidto have occurred on the date stated above, at 10 a.m.

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

Colitis ✓ Date of onset 7/2/42119a

Other contributory causes of importance:

Dehydration ✓ June 28Name of operation Date of
What test confirmed diagnosis? Chemical Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) S. E. Mitchell M. D.
(Address) Malden 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.

7/17/42

RECEIVED

District Health Office No. 2

District File Number 842-1057

Date Filed 8-12-42