

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

Do not use this space.

FILED MAY 6 1943

13549

1. PLACE OF DEATH
 County Atchison Registration District No. 4
 Townshp. Templeton Primary Registration District No. 5025
 City Phelps City (No. _____) St. _____ Ward _____

2. FULL NAME James O. Jackson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>76</u>	<u>9</u>	<u>13</u>	

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

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

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) Missouri

MOTHER FATHER

13. NAME Joseph Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown?

15. MAIDEN NAME Sarah Oslin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown?

17. INFORMANT Earl Jackson
(ADDRESS) Phelps City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funerary DATE April 10, 1943

19. UNDERTAKER C. C. Clifton
(ADDRESS) Rockport, Mo.

20. FILED 4-15 1943 Mrs. Herbert J. Jansen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1943

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1943, to April 6, 1943. I last saw him alive on April 6, 1943. Death is said to have occurred on the date stated above, at 3 P.M. m. The principal cause of death and related causes of importance were as follows:
Stroke - Brain
Reunuchage
 Date of onset _____

Other contributory causes of importance: J301

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? No
 If so, specify _____
 (Signed) James A. Gray, M. D.
 (Address) Watson 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.

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