

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

Do not use this space.

33393-a

**1. PLACE OF DEATH**

County Henry Registration District No. 352  
 Township Beerbreek Primary Registration District No. 5494  
 City Deepwater (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME**

Lillie Mae Dunkle Jackson  
 (a) Residence. No. R R 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** Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
(write the word)

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
Wife of George C Jackson

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** March 9 1895

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
34 7 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**10. NAME OF FATHER** Isaac Dunkle

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Halifax

**12. MAIDEN NAME OF MOTHER** Anna Varner

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Ohio

**14. INFORMANT** Mrs Ray Crouch  
 (Address) Deepwater, Mo.

**15. FILED** 1/15 1929 J. M. Miller  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 30 1928

**17. I HEREBY CERTIFY**, That I attended deceased from Oct 21 1928 to Oct 30 1928  
 that I last saw her alive on Oct 30 1928 and that death occurred, on the date stated above, at \_\_\_\_\_ p. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Typhoid fever  
 174

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
**CONTRIBUTORY** acute Peritonitis  
 (SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) E. B. Taylor & Russell, M. D.  
 , 19 \_\_\_\_\_ (Address) Deepwater

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

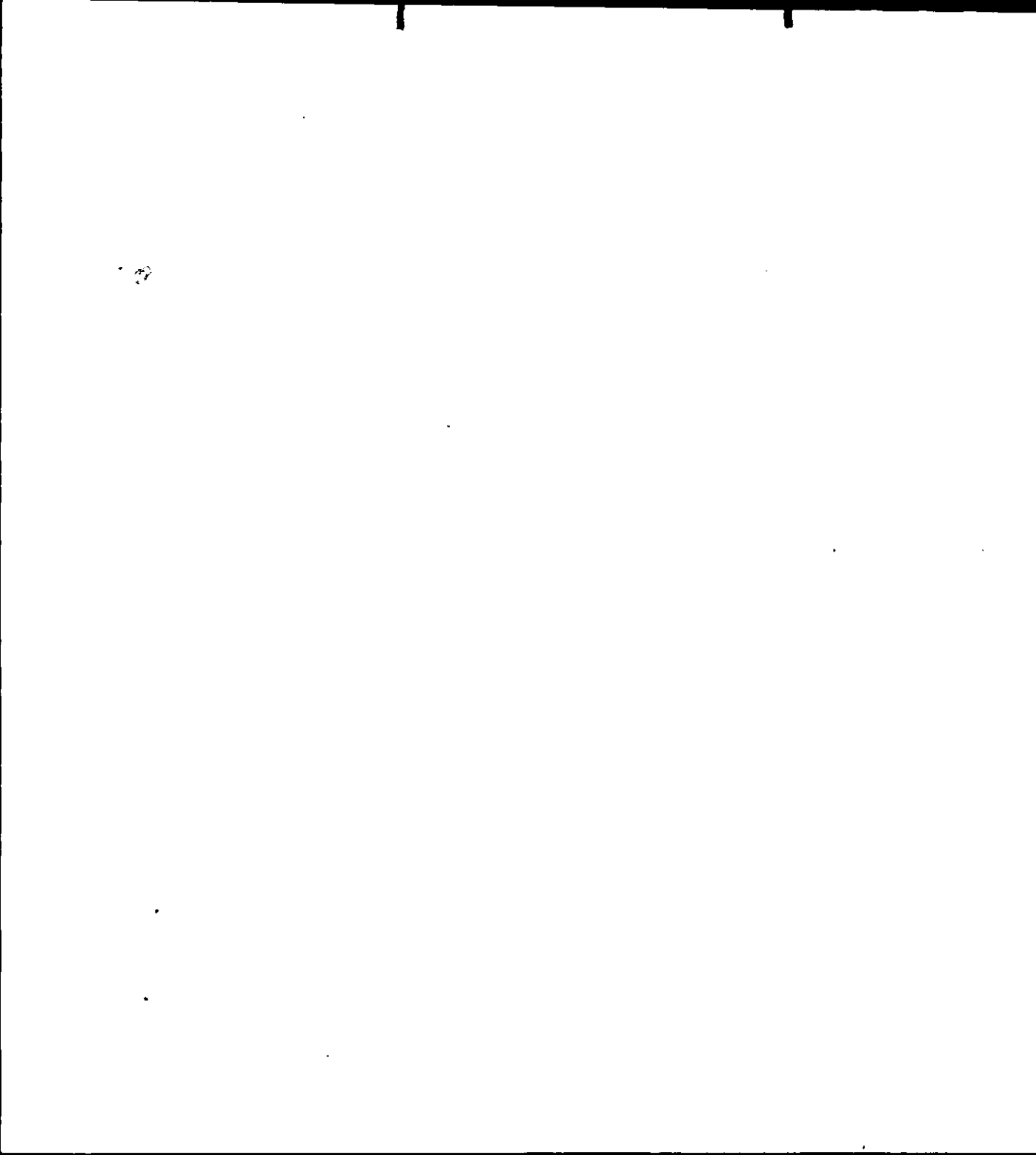
**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** \_\_\_\_\_ **DATE OF BURIAL** \_\_\_\_\_

**20. UNDERTAKER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

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.

1929

DEPARTMENT RECORD



This is report of death. I received  
it Jan. 10; 29. It is only record I  
can make of case.

J M Miller

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1928