

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

Do not use this space.

19250

1. PLACE OF DEATH.

County Henry

Registration District No. 345

Township Osage

Primary Registration District No. 5486

Bronington (Name)

File No. ....

Registered No. 290

St. .... Ward)

2. FULL NAME

Galla Edward Jackson

(a) Residence. No. .... St., .... Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 5 mos. 13 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Clara Jackson  
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 1896

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

34 5 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman

(b) General nature of industry, business, or establishment in which employed (or employer) Steag's Stand

(c) Name of employer Harry Gilbert

9. BIRTHPLACE (CITY OR TOWN) Warsaw

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonville

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Clara Card

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Montrose

(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs E. W. Jackson

(Address) Bronington Ind

15. FILED 6-16-30 C. D. Taylor M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9<sup>th</sup> 1930 to June 13<sup>th</sup> 1930, and that I last saw him alive on June 13<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Double Labor  
Pneumonia (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY)

108 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. D. Taylor M.D.

6/13 1930 (Address) Bronington Mo

\*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

Maplewood Cemetery June 14 1930

20. UNDERTAKER ADDRESS

C. C. Ricketts Bronington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

