

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

Do not use this space.

*Missouri*  
File No. **25916**

1. PLACE OF DEATH  
 39 County Greene Registration District No. 318  
 2 Township Springfield Primary Registration District No. 2001  
 5 City Springfield (No. Springfield) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Anna Jackson  
 (a) Residence, No. 1531 Washington St. \_\_\_\_\_ Ward \_\_\_\_\_ (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 MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. O. Jackson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1862  
 7. AGE YEARS 69 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musicien  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Ohio  
 13. NAME Hamilton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton  
 15. MAIDEN NAME Elizabeth Johnson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
 17. INFORMANT (ADDRESS) W. O. Jackson  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Aug 6 1932  
 19. UNDERTAKER (ADDRESS) W. O. Jackson  
 20. FILED Aug 8 1932 Edy W. Washington Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6<sup>th</sup> 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 4 - 1932 to Aug 6 - 1932  
 I last saw him/her alive on Aug 5, 1932 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Valvular Heart Disease Date of onset \_\_\_\_\_  
Heart Blocker Disease  
Hypertension ①  
 Other contributory causes of importance: \_\_\_\_\_  
 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) Henry F. Knob M. D.  
 (Address) 450 1/2 E. Coul. St.

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

REC 2 1882

