

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

Do not use this space.

35136

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. 3017)

Registration District No. 201
Primary Registration District No. 3017

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME

(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 Female 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 John Milton Jackson
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 8 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sew.
10. Date deceased last worked at this occupation (month and year) 27 years 11. Total time (years) spent in this occupation 75

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

FATHER 13. NAME Mosby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Mary Mosby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Mo.

17. INFORMANT (ADDRESS) Dave Jackson

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo. DATE 11/27 1932

19. UNDERTAKER (ADDRESS) John H. & Co.

20. FILED 1932 REGISTRAR Wm. H. Jackson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from General 19 to Nov 25 1932
I last saw him alive on about 2 weeks ago Death is said to have occurred on the date stated above, at 11 P. m.

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

Cancer of breast + old age 92 or more
50
167
50

Other contributory causes of importance:

1A Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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?
If so, specify _____
(Signed) J. H. Heath, M. D.

(Address) _____

