

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

Do not use this space.

36314

1. PLACE OF DEATH

County Henry Co. Registration District No. 349
 Township Telf Primary Registration District No. 4307
 City Calhoun Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Arthur Daniel 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-30-1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 9 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Laurens

13. NAME Robert Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham England

15. MAIDEN NAME Martha Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham England

17. INFORMANT (ADDRESS) Stella Jackson

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calhoun Mo DATE Nov 20 1933

19. UNDERTAKER (ADDRESS) C. Anderson Windsor Mo.

20. FILED 11-20 1933 Mrs. A. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1933, to Nov 18 1933
 I last saw him alive on Nov 18 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Heart Block
Fatty degeneration
 Date of onset

Other contributory causes of importance:
Fatty degeneration

Name of operation none 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? no
 If so, specify _____

(Signed) D. A. Ballard M. D.
 (Address) Calhoun 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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

