

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 PERMIT, WITH UPDATING INK—THIS IS A PERMANENT RECORD

FEB 27 1934

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

Do not use this space.

906

1. PLACE OF DEATH

County Henry co
Township _____
City Windsor mo (No. _____)

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME Mary Elizabeth 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

MEDICAL CERTIFICATE OF DEATH

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 . _____ 3

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. at home
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) Windsor mo

MOTHER FATHER 13. NAME H G Douglas

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

15. MAIDEN NAME Catherine Painter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mark Peters
(ADDRESS) Windsor mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor mo DATE Jan 8 1934

19. UNDERTAKER C. A. Paul
(ADDRESS) Windsor mo.

20. FILED Jan 8 1934 T. D. Jennings
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1934 to Jan 6 1934
I last saw her alive on Jan 6 1934. Death is said

to have occurred on the date stated above, at 12:10 p.m.

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

Robert Pneumonia Date of onset Jan 3
100 / 106

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) T. D. Jennings, M. D.
(Address) Windsor

