JAN 9 1935

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

Do not use this space.

45559

File No. 39

Registered No.

1. PLACE OF DEATH
County Taney Registration District No. 859
Township Branson Primary Registration District No. 6128
City (No. St. Ward)

2. FULL NAME William Arin 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 4th 1853

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
81	0	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Wisconsin

FATHER
13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) P. C. Tiffany Branson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER Herman H. Lemmon (ADDRESS) Springfield Mo

20. FILED 12/28 1934 John H. Baxter Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1934, to Dec. 28 1934
I last saw him alive on Dec. 28 1934. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Dec 1st
Old Age	

Other contributory causes of importance: Senility

Name of operation Date of
What test confirmed diagnosis? None 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) Harry T. Swann, M. D.
(Address) Hollister Mo

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.