

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

Do not use this space.

1. PLACE OF DEATH
County Wakarusa Registration District No. 4161
Township Union Star Primary Registration District No. 267
City Union Star (No. _____) St. _____ Ward _____

12. FULL NAME Andrew Jackson

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 4214
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
79 5 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired farmer
10. Date deceased last worked at this occupation (month and year) 1912
11. Total time (years) spent in this occupation. 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER FATHER
13. NAME Samuel Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 2

15. MAIDEN NAME _____

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

17. INFORMANT S. G. Jackson
(ADDRESS) Union Star, Mo.

18. BURIAL CREMATION, OR REMOVAL
PLACE Union Star DATE 2/22 1932

19. UNDERTAKER (ADDRESS) W. W. Johnson
Union City

20. FILED 2/21 1932 E. M. Reynolds
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1932 to Feb. 20 1932
First saw him alive on Feb. 20 1932. Death is said to have occurred on the date stated above, at 10:45 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
131
131
Other contributory causes of importance:
Cardiomegaly on face left maxilla
(3)

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) Julius E. Rockwood, D.O.
(Address) Union Star, 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
MAR 28 1932

100