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.

JUL 22 1932

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

Do not use this space.

19075

1. PLACE OF DEATH
27 County Cooper
2 Township
4 City Boonville

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 66

(No. , St. Ward)

2. FULL NAME Alma 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 Female
4. COLOR OR RACE White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14th 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	2	26	

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. 235
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilliam Mo. 1

FATHER

13. NAME Wm Level
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Jennie Epperson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gilliam Missouri

17. INFORMANT (ADDRESS) Frank Jackson Boonville Mo. East Spring

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilliam Cem. DATE June 22 1932

19. UNDERTAKER (ADDRESS) Schwitzky Warnhoff Boonville Mo.

20. FILED 6/21 1932 G. A. Russell Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19th 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/14/32, 19, to 6/18/32, 19

I last saw her alive on 6/18/32, 19. Death is said to have occurred on the date stated above, at 6:30 P.m.

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

	Date of onset
Cardiac Decomposition	6-~~18~~ 8 32
Bronchial Pneumonia	6-12-32
92A	
95B	
15B	

Other contributory causes of importance:

Erysipelas	3 mo. ago
Mitral disease	for ± 1 mo

92A

1

Name of operation none 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) A. C. van Ravenswaay, M. D.
(Address) Boonville, Mo