MAY 25 1934

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

Do not use this space.

13393

1. PLACE OF DEATH
County: Laclede
Township:
City: Lebanon Mo (No. ..... St. ..... Ward)

Registration District No. 449
Primary Registration District No. 4267

File No.
Registered No.

2. FULL NAME: Maree Sophia 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: F
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: J. R. Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31-1866

7. AGE: Years 67 | Months 9 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

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.:
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): Brussels Belgium

FATHER
13. NAME: Joseph De Tienne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

MOTHER
15. MAIDEN NAME: Thressie Shouf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belgium

17. INFORMANT (ADDRESS): J. R. Jackson Lebanon Mo

18. BURIAL, CREMATION, OR REMOVAL: Lebanon Cemetery DATE 4-9, 1934

19. UNDERTAKER (ADDRESS): Hohman & Stewart Lebanon Mo

20. FILED 4/9 1934 J. A. McCaub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1934, to Apr 8, 1934
I last saw h. alive on Apr 7, 1934. Death is said to have occurred on the date stated above, at 12-24 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Diabetic Arteriosclerosis

Name of operation: None Date of:
What test confirmed diagnosis? Physical Was there an autopsy?

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) J. L. Bennage, M. D.
(Address) Lebanon, Mo.

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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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD