

WRITE PLAINLY, WITH UNFADING INK. THIS IS A VITAL 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.

SEP 14 1934

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

Do not use this space.

32339

1. PLACE OF DEATH

County Cooper
Township Palestine
City Uniontown (No. _____)

Registration District No. 219
Primary Registration District No. 5301

File No. 28
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Parker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 66.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1934
22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934, to Sept. 9, 1934. I last saw h. or alive on Sept. 8, 1934. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:
Possibly Carcinoma of Stomach
Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Aug 13, 1934 11. Total time (years) spent in this occupation 50

Other contributory causes of importance: 466
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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Lebanon Missouri
13. NAME Silas Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Lebanon Missouri
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Lebanon Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

17. INFORMANT (ADDRESS) Joseph Jackson Pleasant Grove, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Monica Cem. DATE 9/10, 1934

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 _____

19. UNDERTAKER (ADDRESS) Harry & Stuecklein Pleasant Grove, Mo
20. FILED Sept 9, 1934 Hattie Poplin Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Joseph M.D., M. D.
(Address) Pleasant Grove

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