REC AUG 10 1938

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

Do not use this space.

File No. 26292

Registered No. 141

1. PLACE OF DEATH
County: Randolph
Township:
City: Moberly (No. 528 Franklin St. Ward)

Registration District No. 735
Primary Registration District No. 3034

2. FULL NAME: Amelia Jackson
(a) Residence, No. 528 Franklin 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

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.: House Work
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): Chariton Co. Mo

FATHER
13. NAME: John Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Kate Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): H. Jackson, 528 Franklin - Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakland Cemetery DATE: July 20, 1938

19. UNDERTAKER (ADDRESS): Reynolds Funeral, Moberly Mo

20. FILED: July 19, 1938 Eckel Clutton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to July 16, 1938
I last saw her alive on July 16, 1938. Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	

Other contributory causes of importance:
Acute Coronary Occlusion (Suddenly)

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify
(Signed) H. A. Langdon, M. D.
(Address) Moberly 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.