

REC'D AUG 14 1939

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

24872
Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township 1 Primary Registration District No. 3001 Registered No. 186
(c) City Kirkville (d) Street No. Stickler Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 531 Angeline Jackman St. Vrain

(a) Residence, No. 910 E. Normal St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 P. A. St. Vrain (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1872

7. AGE YEARS 67 MONTHS 6 DAYS 3 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Aug. 1, 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Monroe County Mo. (STATE OR COUNTRY)

FATHER 13. NAME Joshua D. Jackman

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

MOTHER 15. MAIDEN NAME Aurelia Hunt

16. BIRTHPLACE (CITY OR TOWN) Monroe County Mo. (STATE OR COUNTRY)

17. INFORMANT P. A. St. Vrain (ADDRESS) 910 E. Normal Kirkville

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Mo. DATE Aug. 6, 1939
Elmwood Cemt.

19. FUNERAL DIRECTOR (NAME) Davis Funeral Home (ADDRESS) Kirkville, Mo.

20. FILED Aug 5, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1939, to Aug 5, 1939

I last saw her alive on Aug 5, 1939 Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Cerebral Hemorrhage Date of onset 8/4/39

Other contributory causes of importance:

Hypertension
Spontaneous rupture

Name of operation none Date of
What test confirmed diagnosis symptoms 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 E. V. Davis

(Signed) E. V. Davis, M. D.
Kirkville, Mo. (Address)

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.

NOV 5 1949

RECEIVED

District Health Officer No. 10

District File Number 8-29-1456

Date Filed AUG 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Harold V. Kuga

Licensed Embalmer No. 4076

P. O. Address Ferksville, TN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.