

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Exeter
City (No. _____) _____

Registration District No. 34
Primary Registration District No. 6239

File No. 15669
Registered No. 49
St. _____ Ward _____

2. FULL NAME

George W. Jackson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Logansport, Indiana

13. NAME Sam Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) W. A. Williams, Cassville, Mo. R. 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE May 9 1934

19. UNDERTAKER (ADDRESS) W. D. Koon, Cassville, Mo.

20. FILED 5-9-34 Ms. H. P. Seary Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1934 to May 8, 1934

I last saw him alive on Mar 30, 1934 Death is said

to have occurred on the date stated above, at 8 P.M.

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

Disease of heart dilatation Date of onset 95 13

Other contributory causes of importance: None

Name of operation _____ 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) S. W. Handy, M. D.

(Address) Cassville, 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. JUN 20 1934

