CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 129 File No. 19698
Township Shawnee Primary Registration District No. 5180 Registered No. 11
City (No. St. Ward)

2. FULL NAME Nellie B. 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 Female
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 W. B. Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14 - 1869
7. AGE — YEARS 68 — MONTHS 3 — DAYS 11 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Jackson Mo. R.F.D. No. Missouri

FATHER
13. NAME William F. Sides
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Sarah Katherine Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Horace L. Jackson (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill Cemetery DATE May 26, 1937
19. UNDERTAKER Reisenbichler & Pitz (ADDRESS) Pocahontas Mo.
20. FILED 5-26- 1937 F. J. Schoen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/24/, 1937
22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1937, to 5-24-, 1937
I last saw her alive on 5-24, 1937. Death is said to have occurred on the date stated above, at 12³⁰ p.m.
The principal cause of death and related causes of importance were as follows: Bronchial Asthma — Date of onset 5/15/37

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Other contributory causes of importance: none

Name of operation — 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
(Signed) K. W. F. Schaaf [?]
(Address) Jackson Mo.