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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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

PLACE OF DEATH

County Reynolds

Township St Francois or Village

or City (NO. St.; Ward)

Registration District No. 148 File No. 27509

Primary Registration District No. 3982 Registered No. 20

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Nettie Jackson

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	white	Married

DATE OF BIRTH: 6 (Month) 7 (Day) 1877 (Year)

AGE: 35 yrs. 4 mos. 0 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife G. O
(b) General nature of industry, business, or establishment in which employed (or employer): Keeping house

BIRTHPLACE (City or town, State or foreign country): Michigan

PARENTS
NAME OF FATHER: Daniel Fisher
BIRTHPLACE OF FATHER (City or town, State or foreign country): Ohio
MAIDEN NAME OF MOTHER: Sarah Gregerson
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Jackson

(ADDRESS) Annapolis, Mo.

Filed Nov 7 1912. A. F. Bugg Sub
" Aug 14 T. T. Odell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: 11 (Month) 6 (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 1st, 1912, to Nov 6, 1912, that I last saw her alive on Nov 6, 1912, and that death occurred, on the date stated above, at 6.30 p m.

The CAUSE OF DEATH* was as follows:

Puerpheral Fever

145 A

(Duration) 0 yrs. 0 mos. 2 1 ds.

Contributory (SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) A. F. Bugg M. D.

Nov 7 1912 (Address) Morridow, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (For Hospitals Institutions, Transients, or Recent Residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Annapolis, Mo — DATE OF BURIAL: Nov 8 1912

UNDERTAKER: Tom Jackson — ADDRESS: Annapolis Mo