

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.

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or Village \_\_\_\_\_

or City St Louis

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

(NO. 3705 Lindell)

St. 17 Ward

791

File No.

3116

1003

Registered No.

437

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

FULL NAME Jane Jackson

PERSONAL AND STATISTICAL PARTICULARS

3

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE MARRIED Widowed  
WIDOWED  
OR DIVORCED  
(Write the word)

Female

White

DATE OF DEATH

January 11, 1913  
(Month) (Day) (Year)

DATE OF BIRTH

November 27<sup>th</sup>, 1882  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

December 26<sup>th</sup>, 1912, to January 11<sup>th</sup>, 1913,  
that I last saw her alive on January 4<sup>th</sup>, 1913,

AGE

85 yrs. 1 mos. 15 ds.  
IF LESS than  
1 day, \_\_\_ hrs.  
or \_\_\_ min.?

and that death occurred, on the date stated above, at 5:12 p.m.

The CAUSE OF DEATH\* was as follows:

Endocarditis of long duration  
92  
106  
97  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory Bronchitis arterio-sclerosis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. Martine Kershaw, M. D.

Jan 12, 1913 (Address) 3421 Washington Ave

\*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 \_\_\_\_\_

BIRTHPLACE

(City or town, State or foreign country) Ireland

NAME OF FATHER

Wm Rogers

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Ireland

MAIDEN NAME OF MOTHER

Jane Hamilton

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amedee D. Cole

(ADDRESS) 3705 Lindell Blvd.

PLACE OF BURIAL OR REMOVAL

Bellevue

DATE OF BURIAL

11/3, 1913

UNDERTAKER

Tragon

ADDRESS

3621 Olive

Filed

JAN 13 1913

Max Starkloff

REGISTERAR

