

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

Do not use this space 2840

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003** File No. **F 420**
 City **St. Louis** (No. **Jewish Hospital** St. Ward)

2. FULL NAME

Neel S. Jackson
 (a) Residence. No. **# 5370 Pershing, Berth** (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1. 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 (OR) WIFE OF **J. M. Jackson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Feb'y, 16, 1878**

| | | | | |
|--------|------------|------------|------------|---|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. _____ min. |
| | 49. | 10. | 15. | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **At Home**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Kirkwood**
 (STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Oswald Sturdy**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Chloe Stoll**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**
 (STATE OR COUNTRY)

14. INFORMANT **J. M. Jackson**
 (Address) **# 5370 Pershing, Arc**

15. FILED **1928** **Mayb Starkoff**
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan'y, 11th, 1928**
 17. I HEREBY CERTIFY, That I attended deceased from **7th** **Nov** **1927**, to **Jan 11th** **1928**
 that I last saw h. or alive on **Jan 11th** **1928**, and that death occurred, on the date stated above, at **12:15 P.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
936
17 (duration) **several** yrs. mos. da.
 CONTRIBUTORY **General Arterio Sclerosis**
 (SECONDARY) (duration) **several** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **936**
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....
 WAS THERE AN AUTOPSY? **no**
 WHAT TEST CONFIRMED DIAGNOSIS? **clinical**
 (Signed) **Elliott F. Smith**, M. D.
Jan 12, 1928 (Address) **3920 Washington Ave**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Oak Hill Cem.** DATE OF BURIAL **Jan, 13th, 1928**

20. UNDERTAKER **Chapman** ADDRESS **414 1/2 Pine Street**

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.

