

MAR 8 1 1928

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

Do not use this space.

6078

## 1. PLACE OF DEATH

County St. Charles Registration District No. 757 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 3036 Registered No. 22  
City \_\_\_\_\_ (No. 915 N. 4th Street) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Dr. Thomas J. Jackson  
(a) Residence. No. 915 N. 4th St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/18/1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
2 44

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Physician  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ruston  
(STATE OR COUNTRY) Pa.

10. NAME OF FATHER Benjamin Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Pa.

12. MAIDEN NAME OF MOTHER Nettie Jett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

14. INFORMANT Vernata Jackson  
(Address) 915 N. 4th St. St. Charles, Mo.

15. FILED 2-8, 1928 Otto Beckmeier  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1928

17. I HEREBY CERTIFY That I attended deceased from January 26, 1928, to Feb 16, 1928, that I last saw him alive on Jan 16, 1928, and that death occurred, on the date stated above, at 4 FT m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute nephritis

(duration) 2 yrs. 2 mos. 2 da.  
CONTRIBUTORY arteriosclerosis  
(SECONDARY) (duration) 3 yrs. 3 mos. 3 da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? urinalysis, x-ray

(Signed) C. J. Gates, M. D.

Mo., 1928 (Address) 832 manipulation bldg

\*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 St. Charles, Mo. DATE OF BURIAL 2-19-1928

20. UNDERTAKER C. J. Gates ADDRESS 4107-9 Prairie

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.

