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

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

Do not use this space.

22482

1. PLACE OF DEATH

County ..... Registration District No. 781 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 6673

City St. Louis Mo. St. Louis Children Hosp. 500 S. Kingshighway St. B. W. Ward)

2. FULL NAME Jackette Mack

(a) Residence. No. 1 2943½ Atlantic St. 18 Ward. St. Louis Missouri
(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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-4-22

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
6	3	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 23
(b) General nature of industry, business, or establishment in which employed (or employer) 30
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nashville Tenn.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Albert Mack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louisa Ewing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

14. INFORMANT Kerbick
(Address) 500 S. Kingshighway

15. FILED V 26 1928 19 Max C. Harkey REGISTRAR

5

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-23- 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-21- 1928, to 6-23- 1928 that I last saw h. w. alive on 6-23- 1928, and that death occurred, on the date stated above, at 7 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Disseminated Tuberculosis - of the lungs, liver, spleen, peritoneum, intestines and kidneys. -
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) 378
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Russell C. Boud M. D.
, 19 (Address) St. L. Childrens

*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: Washington Park cem. DATE OF BURIAL: June 26 1928

20. UNDERTAKER: Watson and Son ADDRESS: 2941 Chouteau