JUL 21 1928

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

Do not use this space.

23071

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St Joseph (No. ..., ... St., ... Ward)

File No.: ...
Registered No.: 877

2. FULL NAME: Moses Jackson
(a) Residence. No. 509 N 2nd St., ... Ward.
(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: 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: Irene Jackson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4 1880

7. AGE: Years 48 | Months 0 | Days 14 | If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atlanta Ga

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Irene Jackson
(Address): 509 N 2nd St

15. FILED: JUL 23 1928 19... John G. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-18 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to ..., 19..., that I last saw him alive on ..., 19..., and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized Dermatitis
Exfoliative
113 Hemorrhage
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY)
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Path. Exam. & History & Observation
(Signed) W. D. Ethridge Coroner, M. D.
7 19 28 (Address) St Joseph Mo

*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: City Cem — DATE OF BURIAL: 7-23 1928
20. UNDERTAKER: R. F. Grace — ADDRESS: 1309 N 4th St

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 FORMALLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD