

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 21310 Division)

File No. 25458
 Registered No. 7271
 St. _____ Ward _____

2. FULL NAME

Mary E Jackson
 (a) Residence. No. 213 Division 9 Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 8 3 — — —

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Brooks ville
 (STATE OR COUNTRY) Miss.

10. NAME OF FATHER Burnet Stevenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brooksville
 (STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER Julia Bill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brooksville
 (STATE OR COUNTRY) Miss.

14. INFORMANT Julia Williams
 (Address) 2131 Division

15. FILED 13 1928 Mary E Starkey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7. 10. 28

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 6.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart insufficiency

CONTRIBUTORY (SECONDARY) 900

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE of.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Keener, M. D.
712 28 (Address) Dep Lane

*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 Greenwood Cem DATE OF BURIAL 7-14-1928

20. UNDERTAKER Peoples and Co ADDRESS Franklin

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.

