

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

Do not use this space.

12299

1. PLACE OF DEATH

County.....
Township.....
City, St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 2814
St. Ward)

2. FULL NAME

Vernon Jefferson

(a) Residence. No. 1821 Bellgrade St., 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(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) Ill.

10. NAME OF FATHER Glenn Jefferson

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

12. MAIDEN NAME OF MOTHER Addie Birthright

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

14. INFORMANT Glenn Jefferson
(Address) 1821 Bellgrade Ave

15. FILED May 1 1929 W. C. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/2 1929

17. I HEREBY CERTIFY That I attended deceased from Mar 2 1929, to Mar 2 1929 that I last saw him alive on Mar 2 1929, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108
Lobar Pneumonia
(duration)..... yrs. mos. da.

CONTRIBUTORY (SECONDARY) unknown
(duration)..... yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED At place of death
NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
(Signed) J. R. Wilder, M. D.
, 19 (Address) 2813 Chouteau

*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 Baker Washington Cem DATE OF BURIAL 3/4 1929

20. UNDERTAKER R. M. C. Green ADDRESS 3517 Laclede

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.

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