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

Do not use this space.

19509

1. PLACE OF DEATH

County ..... Registration District No. ..... 1904 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 5103

City St Louis (No. 4363 Garfield St. ..... Ward)

2. FULL NAME Daulford Jackson

(a) Residence. No. 4363 Garfield St., 11 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 23 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	1	9	

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

9. BIRTHPLACE (CITY OR TOWN) Keithville
(STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER Henry Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Louisiana
12. MAIDEN NAME OF MOTHER Ellen Barrett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) La.

14. INFORMANT Sanford Jackson
(Address) 4365 Garfield

15. FILED -6 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5 - 2 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 27, 1929, to May 2, 1929, that I last saw him alive on May 2, 1929, and that death occurred, on the date stated above, at 7:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) La Grippe

(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [signature], M.D.
5/4, 1929 (Address) [signature]

*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: National Cemt. Jefferson Barracks — DATE OF BURIAL: 5/6 1929

20. UNDERTAKER: Mamel Undertaking Co. — ADDRESS: 4059 Finney

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