

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

Do not use this space.

32335

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St Louis mo (No. 1216, North 20th Street St. 9128 Ward)

2. FULL NAME

Modest Jackson
 (a) Residence. No. 1216 N 20th St., 21 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Cald 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) 1899-8-10

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>30</u>	<u>1</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20 1929
 17. I HEREBY CERTIFY, That I attended deceased from 9-17, 1929, to 9-20, 1929 that I last saw h. alive on 9-20, 1929 and that death occurred, on the date stated above, at 7:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labor Pneumonia
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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? Physical Exam
 (Signed) J. H. [unclear] M. D.
 19 (Address) 2000 Beale Ph

*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 Nettleton, Miss. DATE OF BURIAL Sept 21st 1929
 20. UNDERTAKER A. L. Beal and Co ADDRESS 2726 Lucas

9. BIRTHPLACE (CITY OR TOWN) Okalona miss
 (STATE OR COUNTRY)

10. NAME OF FATHER Alex Enarrow

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

12. MAIDEN NAME OF MOTHER not known

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

14. INFORMANT Henry Jackson
 (Address) 1216 N 20th Street

15. JCF 1363 Bay C Harvey
 FILED 19..... REGISTAR

CAUSE OF DEATH IN plain terms, so that it may be properly understood

2025

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