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.

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

Do not use this space.

3300 ~~3194~~ ~~2729~~

**1. PLACE OF DEATH**

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4415 Enright Av St. ..... Ward)

File No. .....

Registered No. 796

**2. FULL NAME** Mary V. Jackson

(a) Residence. No. 4415 Enright 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) |
|---|---|---|
| Female | Colored | Widow |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15 1881

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 49 | — | 8 | |

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) (Home)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wilmington
(STATE OR COUNTRY) N.C.

PARENTS

10. NAME OF FATHER Edmond Merritt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) N.C.

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jessie Jackson
(Address) 4415 Enright Ave.

15. FILED 23, 19 Max C Starkey REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 23 1930

17. I HEREBY CERTIFY, That I attended deceased from on Jan. 23, 1930, to only, 19..., that I last saw her alive on Jan. 23, 1930, and that death occurred, on the date stated above, at 11 55 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94A Arterio-Sclerosis

99

(duration) Possibly a year or ds. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Angina Pectoris

(duration) — yrs. — mos. 1 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) Wm. H. Mansifee, M. D.

, 19 (Address) 4065 N. Bell

*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 | DATE OF BURIAL |
|---|---|
| Greenwood Cem. | Jan 25 1930 |
| 20. UNDERTAKER | ADDRESS |
| W.C. Gordon Undertaking Co | 2649 Morgan St. |