

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

Do not use this space.

7014

**1. PLACE OF DEATH**

County.....

Registration District No. **791**  
**1003**

File No. ....

Township.....

Primary Registration District No. ....

Registered No. **1880**

City **St. Louis, Mo.**

**City Hospital # 2**

St. .... Ward)

**2. FULL NAME**

**Henry Jackson**

(a) Residence. No. **2110 Fern** 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 **1** yrs. **6** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**Male**

**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)**

**1-3-1888**

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<b>42</b>	<b>1</b>	<b>12</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. **Expressman**  
(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)**

**Ala.**

**10. NAME OF FATHER**

**Ben Jackson**

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

**Ala.**

**12. MAIDEN NAME OF MOTHER**

**Eliza unknown**

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

**Ala.**

**14. INFORMANT (Address)**

**A. Gertrude Creath  
City Hospital # 2**

**15. FILED**

**May 20 1930  
Wray C Stanley  
REGISTRAR**

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **2-15-1930**

**17. I HEREBY CERTIFY** That I attended deceased from **2-13-1930**, to **2-15-1930**, that I last saw him alive on **2-15-1930**, and that death occurred, on the date stated above, at **2:30 P.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Lobar Pneumonia**

**108** (duration) **8** yrs. **8** mos. **8** ds.

**CONTRIBUTOR (SECONDARY)**

**10/10/10** (duration) yrs. mos. 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) **A. E. Stale** M. D.

**1/7/1930** (Address) **2945 Lawton Av.**  
\*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**

**Washington Park 2/22/1930**

**20. UNDERTAKER**

**ADDRESS**

**Bruce and Powell in Garrison**

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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