

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

Do not use this space.

7272

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... St. Louis mo. City Hospital #2 (No. City Hospital #2)

File No.....
Registered No. 2150
St. Ward)

2. FULL NAME

Halter Jackson
(a) Residence. No. 3118 Pine 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 15 yrs. 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) 5-26-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 8 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. cook
(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) Miss

10. NAME OF FATHER Hartwell Jackson

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

12. MAIDEN NAME OF MOTHER Alice Sutton

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

14. INFORMANT. A. K. Underwood
(Address) City Hospital #2

15. FILED 44 19 30 Mar 2 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/25/1930

17. I HEREBY CERTIFY, That I attended deceased from 2-19-1930 to 2-25-1930 that I last saw h. alive on 2-25-1930 and that death occurred, on the date stated above, at 11:50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic myocarditis
(duration) 8 yrs. 8 mos. - ds.

CONTRIBUTORY (SECONDARY) PAB
(duration) - yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED PAB
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. Steele, M. D.
2/26/1930 (Address) 2945 Lawton Ave

*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 Washington Park DATE OF BURIAL 3/3/1930

20. UNDERTAKER Peoples Ind Co ADDRESS Franklin

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.

231

