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

Do not use this space.

24608

File No.
Registered No. 6766.

1. PLACE OF DEATH

County
Township
City St Louis, Mo (No. 2805 Papin St St. Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Louise Jackson

(a) Residence. No. 2805 Papin St., 22 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Cold	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-13-1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	1	3	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) St Louis, Mo.

PARENTS
10. NAME OF FATHER William Jackson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge La.
12. MAIDEN NAME OF MOTHER Carlot Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge La.

14. INFORMANT Carlot Jackson
(Address) 2805 Papin St

15. FILED JUL 12 1930 May C Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1930

17. I HEREBY CERTIFY, That I attended deceased from July 3 1930 to July 7 1930 that I last saw h. alive on July 7 1930 and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholera Infantum
119A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)
(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 symptoms
(Signed) C. S. Vanzant M. D.
, 19 (Address) 1131 Jefferson

*State the DISEASE CAUSING DEATH, or if death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Father Dickson
DATE OF BURIAL July 12 1930

20. UNDERTAKER A. L. Beal and Co
ADDRESS 2726 Lucas Ave

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.