

NOV 3 1930

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

Do not use this space.

31027

File No. _____
Registered No. _____
St. _____ Ward)

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Central Primary Registration District No. 6133
City Raymond (No. 918 - Cornell ave)

2. FULL NAME Lovelyn Jackson

(a) Residence No. Cornell ave 1st 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX female 4. COLOR OR RACE caid 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/29 1930

17. I HEREBY CERTIFY, That I attended deceased from 9/27 1930 to 9/29 1930

that I last saw him alive on 9/27 1930 and that death occurred, on the date stated above, at 4:00 pm on 29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stomach Poison

177

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) infected pet milk

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 912 Cornell ave

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? sent out to lab

(Signed) D. D. Culler M. D.

9/27 1930 (Address) 1st & Olive

*State the DISEASE CAUSING DEATH, or in death from injury, CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) Whether suicidal, or HOMICIDAL.

no

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pacific Mo. DATE OF BURIAL 9/30 1930

20. UNDERTAKER J. P. Lewis ADDRESS Westgate Green

7200

REGISTRAR

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 2 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) Pacific Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER Robert L Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pacific Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Melba Cooney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oneida Mo.

(STATE OR COUNTRY)

14. INFORMANT Melba Jackson

(Address) 918 Cornell ave

15. FILED Sept 29, 1930 K. W. Culler REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

