

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

Do not use this space.

39018

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis, Mo. (No. 1743 Missouri Ave. St. .... Ward)

File No. ....  
 Registered No. 11183  
 St. .... Ward)

**2. FULL NAME** Jennie L. Jackson

(a) Residence. No. 1743 Missouri Ave. St. 23 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James M. Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 9, 1858</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>0</u>
		DAYS
		<u>26</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>House Wife</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Coffeyville,  
 (STATE OR COUNTRY) Arkansas

PARENTS	10. NAME OF FATHER <u>Daniel Shelton</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>

14. INFORMANT James M. Jackson  
 (Address) 1743 Missouri Ave.

15. FILED Nov - 6 1933 Max E. Starnitz  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov., 5, 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1918, 1918, to Nov 5, 1931 that I last saw her alive on Nov 4, 1931, and that death occurred, on the date stated above, at 4:45 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Organ of Lung  
72A  
1118

CONTRIBUTORY Chronic Endocarditis  
 (SECONDARY) (duration) ? yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? DATE OF  
 WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. H. Daniel, M. D.

116/ 1931 (Address) 1460 So Frank 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 Hoxie, Ark. DATE OF BURIAL Nov. 7 1931

20. UNDERTAKER Allen W. McLaughlin ADDRESS 1631 Mo Ave

K. 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.

