

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

Do not use this space.

✓ 3043  
File No. \_\_\_\_\_  
Registered No. 772  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 3008  
City St. Louis Mo. (No. 3008, Lucas Ave)

**2. FULL NAME** Henry Harrison Jackson

(a) Residence, No. 3008 Lucas Ave. St. 21 Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1884-2-11

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>47</u>	<u>11</u>	<u>9</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Minister</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>199</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockhart Texas

13. NAME Rev. Gilbert Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockhart Texas

15. MAIDEN NAME Martha Saunders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lockhart Texas

17. INFORMANT (ADDRESS) Ida Houston Jackson  
3008 Lucas Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan. 25, 1932

19. UNDERTAKER (ADDRESS) A. L. Beal and Co.  
272 Lucas Ave

20. FILED JAN 23 1932 W. C. Starck  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-20-1932 to 1-20-1932  
I last saw him alive on 1-20-1932. Death is said to have occurred on the date stated above, at 9:07 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis  
Date of onset \_\_\_\_\_  
82 B

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. H. Pelt, M. D.  
(Address) 600 S. Kingshighway

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

