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.

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

Do not use this space.

6283

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 2002

City St. Louis (No. City Sanitarium St. ..... Ward)

File No. ..... Registered No. 1313

2. FULL NAME Jesse Jackson

(a) Residence, No. 2717 Morgan (Real) St. 13 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: male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1833

7. AGE: abt. 99 YEARS; MONTHS; DAYS; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hod carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Unk
11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 2

FATHER

13. NAME: Major Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Mr. Holbrook 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: Feb. 9th, 1932

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney Avenue

20. FILED: FEB -9 1932 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-6-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-4-, 1932, to 2-6-, 1932

I last saw him alive on 2-5-, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
Lobar pneumonia	2-4-32
Chronic myocarditis	
108	
93 C	
77	

108

Other contributory causes of importance:
Senility
Arteriosclerosis

Name of operation: (1) Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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 .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. J. Ridge, M. D.
(Address) 5600 Arsenal