

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.

14253

1. PLACE OF DEATH

County Registration District No. 5897
Township Primary Registration District No. 1200
City St. Louis Mo (No. City Hospital)

File No.
Registered No. 3589
St. Ward)

2. FULL NAME

Wesley Jackson
(a) Residence, No. 2710 Woodland St. 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 male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-7-1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Edward Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Florence Sanderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) 16 Berkeley Crest Dr. St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Father Jackson April 13 1932

19. UNDERTAKER (ADDRESS) D. F. Walters 2710 Woodland St. St. Louis Mo

20. FILED APR 12 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-10-1932 to 4-11-1932

I last saw h. alive on 4-11-1932 Death is said to have occurred on the date stated above, at 10¹⁵ a.m.

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

34 1
Conjunctive

Other contributory causes of importance: 34

Name of operation Chid Date of
What test confirmed diagnosis: Chid 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?
If so, specify
(Signed) Chid Smith, M. D.
(Address) CITY HOSP. No.

