

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

Do not use this space.

21013

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis Mo. (No. Sanitarium) St. Ward

File No.
Registered No. 5514
St. Ward

2. FULL NAME

Virginia Jackson
(a) Residence, No. 2142 1/2 Walnut St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Clarence Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 8 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 283
10. Date deceased last worked at this occupation (month and year) 34
11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenwood, Mississippi

FATHER
13. NAME Peyton Strong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia

MOTHER
15. MAIDEN NAME Carietta Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Mississippi

17. INFORMANT (ADDRESS) J. L. Vernard, 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial 6/10 1932

19. UNDERTAKER (ADDRESS) W. S. Wade & Co, 222 1/2 Grand St

20. FILED 11 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7-32
I HEREBY CERTIFY, That I attended deceased from July 7 1930 to June 7 1932
I last saw him alive on June 7 1932 Death is said to have occurred on the date stated above, at 4:5 P. m.
The principal cause of death and related causes of importance were as follows:

General Paralysis of the Insane (Fates) Date of onset 7/9/32
Broncho Pneumonia June 1 1932
Other contributory causes of importance: 8 1/2

Name of operation Autopsy Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy?.....

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) Julius L. Vernard M. D.
(Address) 5400 Arsenal St.

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.

