

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.

791

21223

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No. 5865 Romaine Pl.

File No.

Registered No.

St. 5777 (Ward)

2. FULL NAME

Joseph H. Jackson

(a) Residence, No. 5865 Romaine Pl., 6 Ward.

(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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Susan Jackson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 8 1862*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *night watchman*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *watchman*

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) *Mo.*

13. NAME *Napoleon Jackson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Sarah Simpson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

17. INFORMANT *Lidney Simpson*

(ADDRESS) *825 Bonair Pl.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Walpole* DATE *June 20 1932*

19. UNDERTAKER *Funeral Home Co.*

(ADDRESS) *1415th Street*

20. FILED *JUN 20 1932*

Registry

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 16 1932*

22. I HEREBY CERTIFY, that I attended deceased from *June 5 1932* to *June 16 1932*, 1932. I last saw him alive on *June 16 1932*. Death is said to have occurred on the date stated above, at *9 P. m.*

The principal cause of death and related causes of importance were as follows:
96 Greyson (Ariz.) 1929
96 Arteriosclerosis 1929
131
97

Other contributory causes of importance:
blue indurated Nephritis 1929

Name of operation *96* Date of *96*
What test confirmed diagnosis *96* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *96* Date of injury *96*, 19*32*

Where did injury occur? *96* (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *96*
Nature of injury *96*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *96*

(Signed) *Paul F. Gille*, M. D.
(Address) *2702 N. 82nd Ave*

