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.

41728

File No. 10798

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

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

City StvLouis Mo. (No. 2809 a Adams St. ..... Ward)

2. FULL NAME Rebecca Harris Jackson

(a) Residence, No. 2809 a Adams St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 W. Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 2nd, 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	3	3	

OCCUPATION

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. housewife 235

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) Memphis Tenn, 2

FATHER

13. NAME Henry Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala;

MOTHER

15. MAIDEN NAME Susie Dodson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn,

17. INFORMANT Eliza Ware
(ADDRESS) 2809 a Adams St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem DATE 12/8 1932

19. UNDERTAKER Ellis Funeral Home
(ADDRESS) 2820 Stoddard St

20. FILED DEC -6 1932 Max C Vandiver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1932, to Dec. 5, 1932

I last saw her alive on Oct. 29, 1932. Death is said to have occurred on the date stated above, at 2.30 A.m.

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

Pulmonary Tuberculosis 23A 23

Date of onset History about 1 year

Other contributory causes of importance: 0

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? no

If so, specify .....

(Signed) S. Moore, M. D.

(Address) 1816 Franklin Ave