

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

Do not use this space.

3418

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1005
 City St. Louis (No. 1029, Gratten St. _____ Ward)

File No. _____
 Registered No. 317
 St. _____ Ward)

2. FULL NAME John R. Jackson

(a) Residence, No. 1029 Gratten St., 22 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed
 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) Illinois

MOTHER FATHER 13. NAME Kendrick Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Elizabeth Brazill

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

17. INFORMANT (ADDRESS) Mrs Mamie Jackson
1029 Gratten St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville, Ill. DATE Jan 12, 1933

19. UNDERTAKER (ADDRESS) W. H. McLaughlin
1631 Mississippi Ave

20. FILED JAN 10 1933 Max C. Hardin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933, to Jan 9, 1933. I last saw him alive on Jan 9, 1933. Death is said to have occurred on the date stated above, at 11a. m.

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

ac. Dilatation of Heart
95B
95B
 Other contributory causes of importance:
Cardiac asthma

Date of onset
1-8-33

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 _____, 1933

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) J. P. Ziegelmeyer, M. D.

(Address) 1734 Chouteau

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.

