

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

Do not use this space.

85

19001

1. PLACE OF DEATH  
 County Buchanan  
 Township St. Joseph Mo.  
 City St. Joseph Mo. (No. ....)

Registration District No. 1001  
 Primary Registration District No. Missouri Methodist Hospital  
 File No. 6572  
 Registered No. 6572 St. .... Ward)

2. FULL NAME Francis Margarite Jackson  
 (a) Residence, No. 2126 South 5th 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 <b>Female</b>	4. COLOR OR RACE <b>Colored</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31, 1906</u>		
7. AGE YEARS <u>27</u>	MONTHS <u>4</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housework</b>		If LESS than 1 day, .... hrs. or .... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo</u>		
13. NAME <b>Roy Jackson</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo. 1</u>		
15. MAIDEN NAME <b>Mary Alice Ephram</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>		
17. INFORMANT (ADDRESS) <b>Mrs Hightower 1110 Garfield Ave</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arbans Cemetery 6-30-33</u>		
19. UNDERTAKER (ADDRESS) <u>W. F. Lewis Funeral Home 2728 1/2 St. Joseph</u>		
20. FILED <u>6-27-1933</u> <u>John K. Binder Registrar</u>		

OCCUPATION  
MOTHER  
FATHER

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 33 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-27-33 1933, to 6-27-33 1933  
 I last saw him alive on 6-27-33 1933. Death is said to have occurred on the date stated above, at 4:45P m.  
 The principal cause of death and related causes of importance were as follows:  
Eclampsia (hepatic) Date of onset 6-27-33  
Death 5 days after delivery  
 Other contributory causes of importance: Pregnancy 46

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

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 .....  
 If so, specify.....  
 (Signed) W. F. Lewis  
 (Address) St. Joseph

