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.

JAN 26 1934

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

ISOLATION HOSPITAL

Do not use this space.

41635

File No.

Registered No. 10655

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. , St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Beatrice Jackson

(a) Residence, No. 2012 Division St 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20 1917

7. AGE: YEARS 16 MONTHS 7 DAYS 17 ~~21~~ If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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) mississippi

FATHER

13. NAME anderson Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mississippi

MOTHER

15. MAIDEN NAME Mattie Reed

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

17. INFORMANT (ADDRESS) Leona Burns 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Dec. 13 1933

19. UNDERTAKER (ADDRESS) Woods 2827 Dickson St.

20. FILED DEC 12 1933 J. F. Biedeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar. 24, 1933, to Dec. 7, 1933

I last saw her alive on 12-7-33, 1933. Death is said to have occurred on the date stated above, at 1:45 p.m.

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

	Date of onset
Tuberculosis of Lungs	Jan. 33
23A	
25	

Other contributory causes of importance:

Tuberculosis of Intestine	Aug. 33

Name of operation none Date of

What test confirmed diagnosis? Sputum Was there an autopsy? no

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) Henry J. Ulrich, M. D.

(Address)

ISOLATION HOSPITAL