

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

Do not use this space.

**1. PLACE OF DEATH**

County BUCHANAN Registration District No. 85  
 Township ST. JOSEPH Primary Registration District No. 501  
 City ST. JOSEPH (No. 501 so. 21st St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 7870  
 Registered No. 275

**2. FULL NAME** Virgil Jackson

(a) Residence, No. 501 So. 21st St. Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 20 plus mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Widowed</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 23 1885</b>		
7. AGE <b>48</b>	YEARS	MONTHS <b>5</b>
		DAYS <b>13</b>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Auto Mechanic</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) **Hilldale, Mo.**  
 (STATE OR COUNTRY) **Mo.**

13. NAME **Adam Jackson**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Octavia Jackson**  
 (ADDRESS) **501 So. 21st St.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Ashland Cem.** DATE **Mar. 8th 1934**

19. UNDERTAKER **RAMSEY'S MORTUARY**  
 (ADDRESS) **9th & Olive Sts.**

20. FILED **MAR 8 1934** **John R. Borden**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 6th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **23 February 1934**, to **6 March 1934**  
 I last saw him alive on **6 March 1934** Death is said to have occurred on the date stated above, at **1:30 A.** m.

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

**Angina Pectoris** Date of onset **3-5-34**  
**Influenza** **2-23-34**

Name of operation **None** Date of **None**  
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **No** Date of injury **None** 19\_\_\_\_  
 Where did injury occur? **None**  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **None**  
 Nature of injury **None**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify **None**

(Signed) **John R. Borden** M. D.  
 (Address) **1908 Messanie-St. Joseph, Mo.**

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.

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Dr. Grace