

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *1001*
 Townshp. *St. Louis Mo* Primary Registration District No. *1003*
 City *St. Louis Mo* (No. *Barnes Hoop*) St. Ward)

File No. *14753*
 Registered No. *3943*

2. FULL NAME

Harry Jerome Jackson
 (a) Residence, No. *3831 Burgen* St. *1* 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 *Stell Brady Jackson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 29 - 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 8 18

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

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) (STATE OR COUNTRY) *St. Louis Mo.*

FATHER 13. NAME *Jessie Jackson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No*

MOTHER 15. MAIDEN NAME *Not known.*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *No*

17. INFORMANT *Stell Brady Jackson*

(ADDRESS) *3831 Burgen Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethany* DATE *April 20 1934*

19. UNDERTAKER *Ky Leidner Und Co*

(ADDRESS) *714 1/2 Market St*

20. FILED *J. Stredwick* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 17 1934*

22. I HEREBY CERTIFY, That I attended deceased from *4-14* 19*34*, to *4-17* 19*34*

I last saw him alive on *4-14*, 19*34* Death is said to have occurred on the date stated above, at *5:05 p.m.*

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

Cancer (Hypernephroma) Kidney
Cancer (metastatic) of spine

Date of onset *1930*

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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

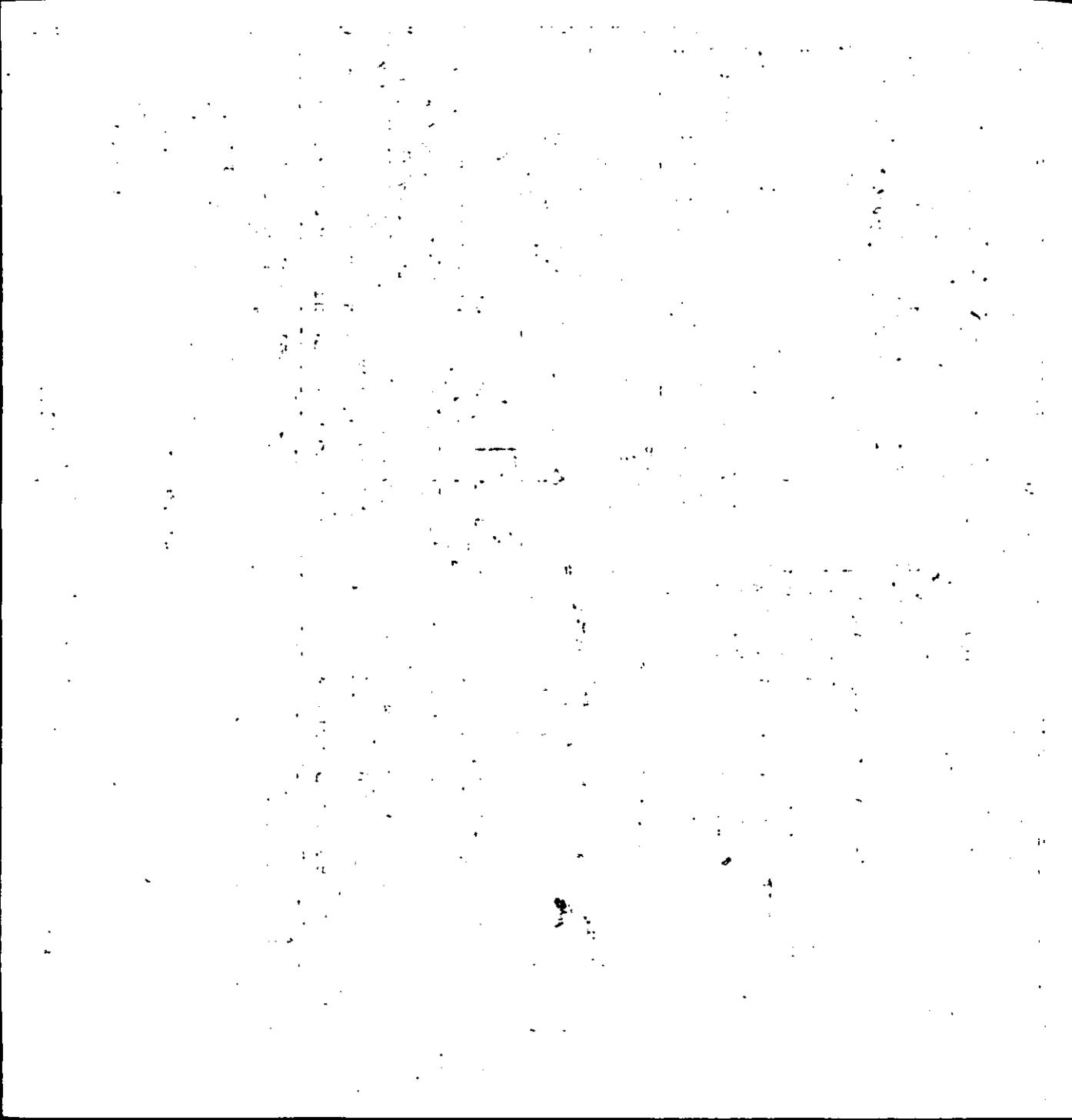
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Louis V Byars*, M. D.

(Address) *Barnes Hoop*



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St Louis Primary Registration District No. 1003
 City St Louis (No.) St. Ward) (If nonresident, give city or town and State)

File No.
 Registered No. 3943

2. FULL NAME

Harry Jerome Jackson

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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.
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 6-16-34 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
 I last saw h..... alive on 19..... Death is said to have occurred on the at m.

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

Cancer (metastatic) of spine
kidney
 Original site at kidney
 Other contributory causes of importance:

Name of operation 51 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?
 If so, specify
 (Signed) James P. Ryan, M. D.
Barney Hoop
 (Address)

SUPPLEMENTARY

S-14753