

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

Do not use this space.

DEC 13 1934

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *200441*)

File No. **41053**

Registered No. **11002**

St. Ward)

2. FULL NAME

(a) Residence, No. *3067* *Phonix* St. *21* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *6* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 15 1934*

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

22. I HEREBY CERTIFY, That I attended deceased from *10/8*, 19*34* to *11/15*, 19*34*.
I last saw him alive on *11/15*, 19*34*. Death is said to have occurred on the date stated above, at *10:30* p.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10-12-1850*

Senile dementia Date of onset *10/27/34*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
84 11 3

Other contributory causes of importance:
Bronchial Pneumonia

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *retired*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *laborer*
10. Date deceased last worked at this occupation (month and year) *7* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*

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

13. NAME *Will Jackson*

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

15. MAIDEN NAME *unknown*

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

17. INFORMANT *Dr. J. W. Heat* (ADDRESS) *City Hospital*

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.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *714th District* DATE *11-19*, 19*34*

19. UNDERTAKER *Ellis Funeral Home* (ADDRESS) *2820 Stoddard St.*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *W. L. Harris*, M. D.
(Address) *City Hospital*

20. FILED *11 13 1934* *J. F. Bredeck* Registrar

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.

1941

From 2/1/41 to 2/28/41

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1942

From 2/1/42 to 2/28/42

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1943

From 2/1/43 to 2/28/43

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1944

From 2/1/44 to 2/28/44

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