

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.

MAR 1 5 1935

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. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **Saint Louis** (No. **4365** **Saint Ferdinand Avenue** St. ..... Ward)

3825

File No. ....  
 Registered No. **1176**

2. FULL NAME **Creola Selma Jackson**

(a) Residence, No. **4365 St. Ferdinand** St. **11** Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred **Unavailable** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

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) **November 17, 1908**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**26** **2** **13**

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

12. BIRTHPLACE (CITY OR TOWN) **Shreveport** (STATE OR COUNTRY) **Louisiana**

FATHER  
 13. NAME **James Jackson**

14. BIRTHPLACE (CITY OR TOWN) **Kansas City** (STATE OR COUNTRY) **Missouri**

MOTHER  
 15. MAIDEN NAME **Minnie Cook**

16. BIRTHPLACE (CITY OR TOWN) **Shreveport** (STATE OR COUNTRY) **Louisiana**

17. INFORMANT (ADDRESS) **Luzella Anderson**  
**4365 St. Ferdinand, Apt 17**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **Feb. 3rd, 1935**

19. UNDERTAKER (ADDRESS) **Charles J. Bates**  
**4107 Finney Avenue**

20. FILED; **2-1-35** **J. P. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JAN 30 1935** .19

22. I HEREBY CERTIFY, That I attended deceased from **Nov 25**, 19**34** to **January 30**, 19**35**

I last saw h. **er** alive on **January**, 19**35** Death is said

to have occurred on the date stated above, at **8:40 P. M.**

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

**Tubercular Peritonitis** Date of onset **1934**  
**25**

Other contributory causes of importance:

Name of operation **Laparotomy** Date of **12/17/34**  
 What test confirmed diagnosis **H. P. K.** 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) **J. P. Brebeck** M. D.  
 (Address) **3136 Chouteau Avenue**

