

AUG 23 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 St. Louis (No. 1755) Grand

File No. **27837**
Registered No. **6889**
St. **6889** Ward

2. FULL NAME

George Harley Jackson
(a) Residence, No. 4039 Orright St. 11 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 <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-12-1891</u>		
7. AGE YEARS <u>44</u> <u>1891</u>	MONTHS <u>4</u> <u>3</u>	DAYS <u>29</u> <u>12</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad</u>		
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) <u>Greenville Miss.</u>		
13. NAME <u>Andrew Jackson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>		
15. MAIDEN NAME <u>Laura Edwards</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss.</u>		
17. INFORMANT (ADDRESS) <u>B. K. Jackson 4039 Orright av</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Park</u> DATE <u>Aug 14</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>H. W. Bruce 1000 1/2 Garrison</u>		
20. FILED <u>AUG 13 1935</u> <u>J. H. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1935, to Aug 10 1935.
I last saw him alive on Aug 10 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.
The principal cause of death and related causes of importance were as follows:
Arterial Aneurysm
Date of onset 96

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) Royal A. Weir M. D.
(Address) 1755 So Grand

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.

