

FEB 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City *St. Louis* (No. *3449*)Registration District No. *791*Primary Registration District No. *10003*

File No.

Registered No. *3585*St. Ward) *826*2. FULL NAME *Elicie Jackson*(a) Residence, No. *4424 Cottage* 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 *Female* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *unknown*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *unknown*7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *abt 49*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housekeeper*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

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) *La. Baton Rouge*13. NAME *unknown*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*15. MAIDEN NAME *unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*17. INFORMANT *Chas Hall*18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *Jan 23 1936*19. UNDERTAKER *Reophs Mutual Burial League*(ADDRESS) *3100 Franklin*20. FILED *22 1936* 19 *J. Predeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 20* 19 *36*22. I HEREBY CERTIFY, That I attended deceased from *Dec 10* 19 *35*, to *Jan 20* 19 *36*.I last saw him alive on *Jan 20* 19 *36*. Death is saidto have occurred on the date stated above, at *1:30* m.

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

Date of onset *Jan 17, 36**Cerebral hemorrhage**131*Other contributory causes of importance *Nephritis Chronic*Name of operation *none* Date ofWhat test confirmed diagnosis? *Chugal* 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, 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 *J. W. Gray*(Signed) *J. W. Gray*, M. D.(Address) *4330 Easton*

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.

100M-11-24-33

