

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
Josephine at City Hosp. Bldg.

File No. **13503**
Registered No. **4168**
St. Ward)

2. FULL NAME

(a) Residence, No. **402 S. Montrose St.** Ward. **18**
(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 **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **M.**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Genevra Jackson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 1-1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 9 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Day Laborer**
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) **Hannay La.**

MOTHER FATHER
13. NAME **Floyd Jackson La.**

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

15. MAIDEN NAME **Sallie**

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

17. INFORMANT (ADDRESS) **Genevra Jackson 402 S. Montrose**

18. BURIAL, CREMATION, OR REMOVAL **City Cemetery DATE April 15-1936**

19. UNDERTAKER (ADDRESS) **Wm C. McNewell 3506 Franklin Ave**

20. FILED (ADDRESS) **J. H. Bredeck Registrar.**

ADD 16 1026

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 24 1936**

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **9:05 P.M.**

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

Bilateral pneumonia (lobar) due to congestive heart disease. Date of onset

Other contributory causes of importance: **108**

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

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. H. Bredeck**, M. D.
(Address) **St. Louis, Mo.**

4/10/36

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.

