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.

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

Do not use this space.

OCT 20 1936

1. PLACE OF DEATH 826-Warsaw

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph Mo (No. 826 Warsaw St. Ward)

File No. 33670

Registered No. 1139

2. FULL NAME Oscar Jackson

(a) Residence, No. ~~10~~ 826-Warsaw St., 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: M.

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Katie Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 17 1882

7. AGE: Years 54 — Months 5 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

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): Wartheena Kans

FATHER

13. NAME: Jesse Jackson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Katie Jackson 826-Warsaw

18. ~~BURIAL, CREMATION~~, OR REMOVAL — PLACE: Kathena, Kans DATE: Sept 7 1936 — Belmont Cem

19. UNDERTAKER (ADDRESS): B. F. Graves 866 Edmond St

20. FILED 9-5 1936 H. J. Hetlebower Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from September 2, 1936 to September 2, 1936

I last saw h.. alive on Sept. 2nd 1936. Death is said to have occurred on the date stated above, at 6:00 a. m.

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

	Date of onset
Cerebral-Hemorrhage, Apoplexy	9-2-36.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury ....., 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify None

(Signed) E. Y. Strawn, M. D.

(Address) E. Y. STRAWN, M. D.

~~1908 Messanie St.~~

ST. JOSEPH, MO