

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 15 1936

34419

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Flower Primary Registration District No. 10.2
City St. Louis (No. 2407 Linwood)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Jackson
(a) Residence, No. 2407 Linwood 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Jackson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 14 - 1893</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>6</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Opt. House</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>Luther Oklahoma</u>		
MOTHER FATHER	13. NAME <u>John Jackson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luther Oklahoma</u>	
	15. MAIDEN NAME <u>Martie Jackson</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Luther Oklahoma</u>		
17. INFORMANT <u>Belle Jackson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Ridge</u> DATE <u>Sept. 10 - 1936</u>		
19. UNDERTAKER <u>Wayle Bros</u> (ADDRESS) <u>1718 W. Main St.</u>		
20. FILED <u>Sept 19 36 M. M. Coroner</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-1936

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I saw _____ and _____ Death is said to have occurred on the date stated above, at 3:50 P.M.
The principal cause of death and related causes of importance were as follows:
Accidental fall
Fracture of Cervical spine
Date of onset _____

Other contributory causes of importance 1860

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? yes Date of injury 9-29-36
Where did injury occur? 2407 Linwood Bldg
Specify city or town, county, and State)
Specify whether injury occurred in industry, on highway, or in public place.
in flat bedg.

Manner of injury _____
Nature of injury we fall down stair ways

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Lucian P. Richardson M. D.
(Address) 1832 1/2 me

