

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.

NOV 4 1936

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

Do not use this space.

39196

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **En Route City Hospital #2**)

File No.....
Registered No. **10227** (Ward)

2. FULL NAME **Willie Jackson**

(a) Residence, No. **3305 Delmar Blvd** St. **21** Ward.

(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 **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) **Married Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Eula Jackson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 23rd 1901**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 II I4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Labor**
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) **Pine Bluff** (STATE OR COUNTRY) **Ark**

MOTHER FATHER 13. NAME **Wash Jackson**

14. BIRTHPLACE (CITY OR TOWN) **Jefferson, Co. Ark** (STATE OR COUNTRY)

15. MAIDEN NAME **Samella Mack**

16. BIRTHPLACE (CITY OR TOWN) **Cornor Station** (STATE OR COUNTRY) **Ark**

17. INFORMANT **William Wesson** (ADDRESS) **3955 West Bell, Pl**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **Oct 13** 19**36**

19. UNDERTAKERS **Jas. H. Randle & Son** (ADDRESS) **920 No. Leonard Ave**

20. DATE OF DEATH **OCT 10 1936** Registrar **J. Bredeck**

No Physician in Attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 7 - 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 **8:45** a.m.

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

Chronic Myocarditis - Chronic Interstitial Nephritis - Arteriosclerosis - Splenitis
Other contributory causes of importance: *12/1*

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) *Harold Dickson* M. D. (Address) *10227*

1907

1908

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1914

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