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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

96 County

Township

30 City St. Louis (No. City Hospital No. 2 1 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. 3948

Registered No. 987

2. FULL NAME Irene Shively Jackson

(a) Residence, No. 1029 N. 10th St., 25 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	6	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 230

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): Indiana 2

FATHER

13. NAME: Joe Shively

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

MOTHER

15. MAIDEN NAME: Pearlee Spaulding

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

17. INFORMANT (ADDRESS): R. Perdeau, 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Jan 22nd 1937

19. UNDERTAKER (ADDRESS): A. L. Beal Und Co. 2726 Lucas Ave.

20. FILED: JAN 22 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-31, 1936, to 1-18, 1937

I last saw her alive on 1-18, 1937 Death is said to have occurred on the date stated above, at 7:45 P.M.

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

	Date of onset
Pulmonary Tuberculosis	12-31-36

J. B.

Other contributory causes of importance: None

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) Owen Blache 1, M. D.

(Address) 2945 Lawton