APR 9 1937

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

Do not use this space.

File No. 10273

Registered No. 2842

1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

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

B. 17402

2. FULL NAME John Jackson

(a) Residence, No. 917 Palm St., 26 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1864

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
73	0	3	

OCCUPATION

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

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

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) Memphis Tennessee

FATHER

13. NAME Charles Jackson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France.

MOTHER

15. MAIDEN NAME Mary Sheehan.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE March 15, 1937

19. UNDERTAKER Bergesch Undertaking Co.
(ADDRESS) 3661 Washington Bl.

20. FILED 3-12, 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/6/37, 19 to 3/12/37, 19

I last saw him alive on 3/12/37, 19 Death is said to have occurred on the date stated above, at 9.20 a m.

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

	Date of onset
Cerebral thrombosis with left hemiplegia	

Other contributory causes of importance:

General arteriosclerosis
Senility

Name of operation ..... Date of .....

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

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) Charles M. Jessee, M. D.

(Address) City Hospital #1

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.

100M-11-33