APR 9 1937

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

Do not use this space.

File No. 10407

Registered No. 2979

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Fannie Jackson

(a) Residence, No. 2210 Franklin Ave St., 21 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*)
Female	Col	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 - 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
35	35	2	10	

OCCUPATION

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

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

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) Meridian Miss

FATHER

13. NAME Alfred Williams

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

MOTHER

15. MAIDEN NAME Hannah Allen

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

17. INFORMANT Beatrice Williams
(ADDRESS) 2210 Franklin ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Meridian Miss DATE Mar 20th, 1937

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

20. FILED MAR 17 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1937

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 1-45 p.m.

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

	Date of onset
Septicaemia, Gas Gangrene, Bronchopneumonia, Compound comminuted fracture Right Femur, received when struck by auto,	

Other contributory causes of importance:
following collision between three automobiles in St. Louis, Mo. Deceased was a pedestrian.

Name of operation Accident 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? Accid Date of injury 3/4, 1937

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

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

Manner of injury Struck by auto

Nature of injury Fracture of Right Femur

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Joseph M. Dixon M.D.

(Address) Deputy Coroner

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD