

APR 2 1937

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

SUPPLEMENTARY SUPPLEMENTARY 791

Registration District No.

File No. 10691

Primary Registration District No.

1003

Registered No. 3265

1. PLACE OF DEATH

County

Township
City St. Louis, Mo.

2. FULL NAME

Riley Jackson

(a) Residence, No.

(Usual place of abode) 5800 Arsenal St.

City Infirmery Hospital

Ward. 13

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1878

7. AGE YEARS 59 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana.

13. NAME Anderson Jackson

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

15. MAIDEN NAME Malinda ?

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

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D. DATE 2-10-1937

19. UNDERTAKER (ADDRESS) W. Richter 2500 Benton St

20. F. M. P. 25 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1933 to March 5, 1937

I last saw him alive on March 5, 1937. Death is said to have occurred on the date stated above, at 5:00 P.M.

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

BRONCHO PNEUMONIA
109 W
ARTERIO SCLEROSIS, GENERALIZED

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) [Signature] M. D.

(Address) [Address]

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.

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MAR 25 1937

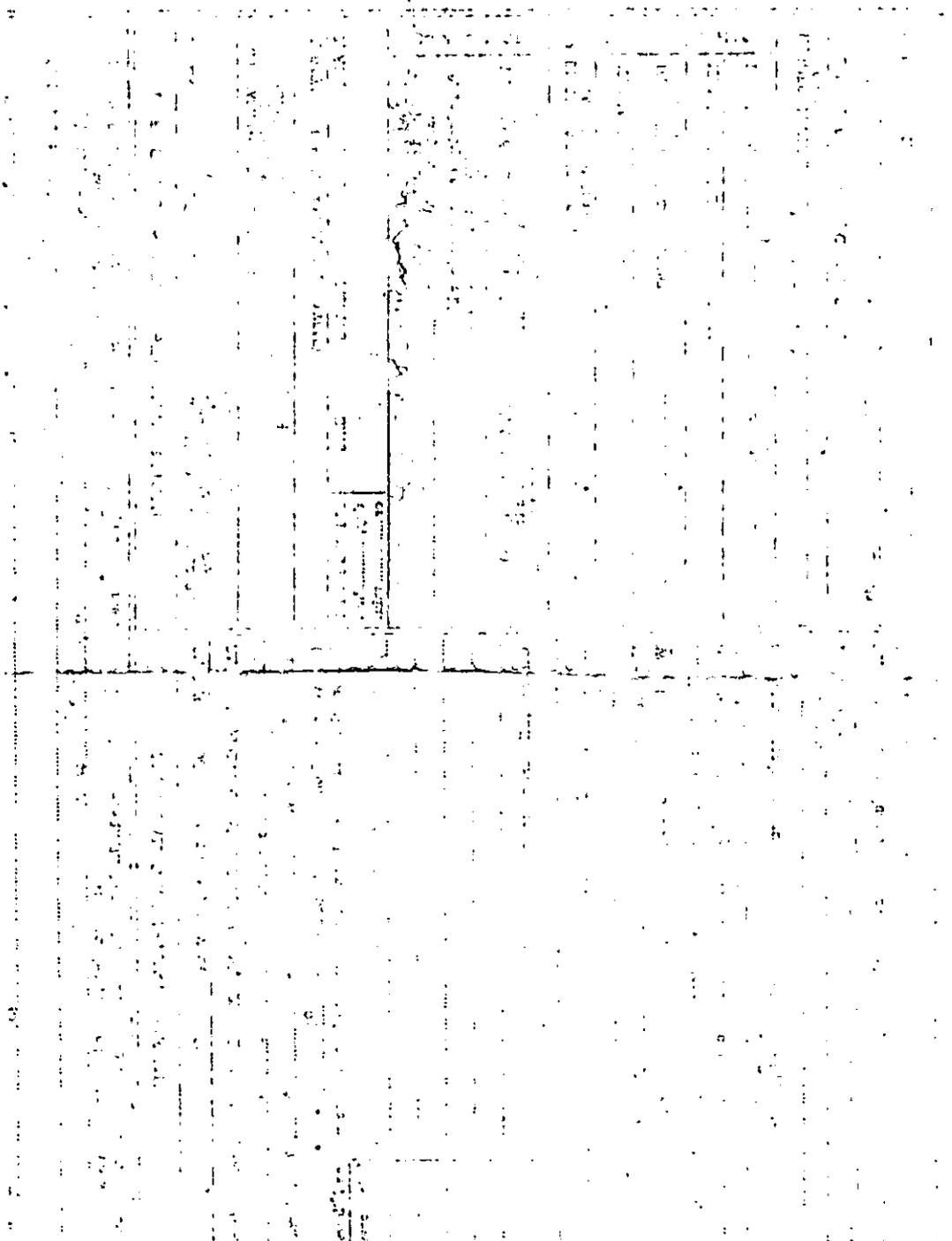
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