

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City St. Louis (No. 3433 St. Vincent) St. 17 Ward. 18265
Registered No. 4841 St. _____ Ward _____

2. FULL NAME Lucy Jackson

(a) Residence, No. 3433 St. Vincent St., _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Henry Jackson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1853
7. AGE YEARS 83 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) Kentucky

13. NAME James Bugg

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Poss Jackson
(ADDRESS) 3453 St. Vincent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lakewood Park DATE 5/12/37 '19

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) 2301 Lafayette Ave.

20. FILED J. F. Bredeck
19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 31 to May 10, 1937
I last saw him alive on May 10, 1937 Death is said to have occurred on the date stated above, at 11:10 a. m.

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

Ch. Inflammation Date of onset

Other contributory causes of importance:

Name of operation Physian 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? Yes

If so, specify Yes

(Signed) A. B. D. Bess, M. D.

(Address) 1446 P. Ward

MAY 12 1937

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.

2228 899

