

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

Do not use this space.

JUN 29 1937

21405

1. PLACE OF DEATH

County St. Louis Registration District No. 1160 File No. _____
 Township _____ Primary Registration District No. 4470 Registered No. 58
 City University City (No. 7393 Westmoreland Drive.) St. _____ Ward _____

2. FULL NAME Annie Douglas Jackson

(a) Residence, No. 7393 Westmoreland Drive. 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Jackson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-29-1873
 7. AGE YEARS 63 MONTHS 6 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house-wife
 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) St. Louis (STATE OR COUNTRY) MO.

FATHER 13. NAME William Douglas

14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Isabella Vevers

16. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) _____

17. INFORMANT Rearis Jackson (ADDRESS) 7393 Westmoreland Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontain Cem. June 1, 37

19. UNDERTAKER Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED June 1, 1937 Lena Mollen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 37, 19

22. I HEREBY CERTIFY That I attended deceased from March 31, 1937 to May 29, 1937
 I last saw her alive on May 28, 1937 Death is said to have occurred on the date stated above, at 4.20 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Perhaps and in weeks before death

Other contributory causes of importance: Irregular fibrillation
Ch. cell disease
as seen -

Name of operation _____ Date of _____
 What test confirmed diagnosis? His lung Was there an autopsy? _____

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) Malou Head, M. D.
 (Address) 607 N. Grand

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.

C. Malone Stroud

U. Club Bldg. Frank. 2828

7136 Lindell Cab. 1606.

94B

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

21405-7
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1160
(b) Township _____ Primary Registration District No. 4470 Registered No. _____
(c) City University City (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Douglas Jackson

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 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 _____ m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Coronary Thrombosis and Aortic Fibrillation
94 1/2
Other contributory causes of importance:
Chronic Gall Bladder disease
N M D

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

FATHER 13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19____ Local Registrar _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. Malone Stroud, M. D.
(Address) 607 N Grand

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Every death certificate should be carefully prepared. A fee should be stated SPECIALLY. FISHCANNERS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

5-21405