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.

JUL 8 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ST. LOUIS CHILDRENS HOSP Registration District No. 791 File No. 22206

Township 500 S. Kingshighway Primary Registration District No. 1003 Registered No. 5958

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME EDNA JACKSON

(a) Residence, No. 2012 DIVISON 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 12 yrs. 1 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 colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 25

7. AGE YEARS 12 MONTHS 1 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) ST. LOUIS, MO.

FATHER

13. NAME ANDERSON

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

MOTHER

15. MAIDEN NAME MATTIE REED

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

17. INFORMANT (ADDRESS) M. NELSON

18. BURIAL, CREMATION, OR REMOVAL ST. LOUIS CHILDRENS HOSP

PLACE Father Dickson DATE 6/19 1937

19. UNDERTAKER (ADDRESS) People's Mutual Burial League 3100 Franklin

20. FILED JUN 18 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-10-37, 19..., to 6-10-37, 19...

I last saw her alive on 6-10-37, 19..... Death is said to have occurred on the date stated above, at 11 P.m.

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

Congestive heart failure due to Rheumatic Fever — Date of onset 5/15/37

No other heart disease.

Other contributory causes of importance: Rheumatic Fever Chronic

560

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? no

If so, specify .....

(Signed) Ralph N. Barlow M. D.

(Address) 500 S. Kingshighway

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