AUG - 5 1937

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

Do not use this space.

File No. 25933

Registered No. 7107

1. PLACE OF DEATH

County 7

Registration District No. 791

Primary Registration District No. 1003

Township

City Saint Louis (No. 4340 St. Ferdinand St. Ward)

2. FULL NAME Elnora Jackson

(a) Residence, No. 4340 St. Ferdinand St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable 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	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1877-Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
Unk. abt. 60				

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) July 1937

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Jackson (STATE OR COUNTRY) Tennessee

FATHER

13. NAME Unk- Kirkpatrick

14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Tennessee

MOTHER

15. MAIDEN NAME Amanda--Unk

16. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Tennessee

17. INFORMANT Rojetta Hughes (ADDRESS) 2401½ N. Sarah St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE July 26th 1937

19. UNDERTAKER Charles L. Oates (ADDRESS) 4107-09 Finney Avenue

20. FILED JUL 26 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22nd 1937

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1937, to July 22 1937, I last saw her alive on July 21 1937. Death is said to have occurred on the date stated above, at 8:00 a m.

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

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) C. W. Satterfield, M. D.

(Address) 2037a Franklin Avenue

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.