AUG - 5 1937

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

Do not use this space.

26083

File No. 26083
Registered No. 7257

1. PLACE OF DEATH Homer G Phillips Hospital
County
Township
City St. Louis (No. 2 St. Ward)
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Frances Jackson
(a) Residence, No. 1909a Carr 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 17 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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8, 1890

7. AGE

| Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 47 | 1 | 19 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: nil
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): Mississippi

FATHER

13. NAME: Armstead Moton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER

15. MAIDEN NAME: Patsy Dempsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT Evelyn Williams
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE 7/30/37 19

19. UNDERTAKER V. S. Jade Und. Co.,
(ADDRESS) 4202 Finney Avenue

20. FILED JUL 30 1937 J. H. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1937, to July 27, 1937
I last saw her alive on July 27, 1937 Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma of cervix | 6/17/37 |

Other contributory causes of importance:

Name of operation 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?
If so, specify
(Signed) A. L. Lewis, M. D.
(Address) 2601 N Whittier

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.

# Spirited Joes

Ebert M Whittier

Kimbrough

Ashford Dennis

Kimbrough

Whitehurst Moon

Ultimately no

Whitehurst

Kimbrough Co. Circuit

0987 Jones 5 Jr. 61 Jim 45

Woodson

Cof. Pughsboro

Time 12 AS 4ft 12 AS 4ft 12 AS 4ft 12 AS 4ft

Cole 36 36 36 36

Jones Cole

Northern Tooth

Eastern Building & Loan

Eff. 2 Hrs