

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City, St. Louis Mo.Registration District No. 791Primary Registration District No. 1003(No. 4326, Lindell Blvd.)File No. 26115Registered No. 7289

St. Ward)

2. FULL NAME Florence Rebecca Jackson(a) Residence, No. 4326 Lindell Blvd. St. 19 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1867

7. AGE

62 YEARS 69MONTHS 11DAYS 22

IF LESS than 1 day, hrs. or min.

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.

at home

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) Canton, Missouri13. NAME John Jackson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taylorville Ky.15. MAIDEN NAME Lucinda Argenbright16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gosport Ind.17. INFORMANT (ADDRESS) Mrs. Hill 4326 Lindell Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Canton, Missouri DATE Aug. 1, 193719. UNDERTAKER (ADDRESS) Alexander Sime 6175 Delmar Blvd.

20. FILED

JUL 31 1937J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 193722. I HEREBY CERTIFY, That I attended deceased from June 16, 1937 to July 30, 1937I last saw her alive on July 29, 1937. Death is saidto have occurred on the date stated above, at 10 a. m.

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

Date of onset

Myocardial Infarction
Atherosclerosis - Coronary Artery
Artery
Other contributory causes of importance:
Arterio Sclerosis (General)

Name of operation

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?

If so, specify

(Signed) J. Sealed

, M. D.

(Address) Arleton Blvd

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.

Honora K. K. K.

Aug 8 39

1899