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.

4 1937

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

32782
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis, Mo.
(d) Street No. City Hospital #1 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 8836

2. PRINT FULL NAME Alfred Jackson
(a) Residence, No. 1327 StAnge Avenue St. 22
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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) September 8th, 1924
7. AGE YEARS 13 MONTHS 0 DAYS 12 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Boy
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vada, Missouri

FATHER
13. NAME Golden Jackson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hazelton, Missouri

MOTHER
15. MAIDEN NAME Leta Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sherrill, Missouri

17. INFORMANT (ADDRESS) Golden Jackson 1327 St Ange Avenue
18. BURIAL, CREMATION, OR REMOVAL PLACE Licking, Missouri DATE Sept. 22nd, 1937
19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue
20. FILED SEP 22 1937 J. F. Bredick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 21, 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 #3:00 P.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Encephalitis. (Type Undetermined) | |

Other contributory causes of importance:

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 See above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Joseph M. Lunn, M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Guy W. Wilkinson

Licensed Embalmer No. 3575

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**