

NOV 15 1937

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

Do not use this space.

37188

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township WASHINGTON Primary Registration District No. 1007
City ST. JOSEPH (No. 2621 SOUTH 18TH ST.) St. _____ Ward _____

File No. _____
Registered No. 1164

2. FULL NAME ALFRED KEITH JACKSON

(a) Residence, No. 2621 SOUTH 18TH ST. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 21, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
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) ST. JOSEPH, MISSOURI
(STATE OR COUNTRY)

13. NAME VERGIL JACKSON,

14. BIRTHPLACE (CITY OR TOWN) BAYARD, IOWA
(STATE OR COUNTRY)

15. MAIDEN NAME OMA GREGGS,

16. BIRTHPLACE (CITY OR TOWN) UNION STAR, MISSOURI
(STATE OR COUNTRY)

17. INFORMANT VERGIL JACKSON,
(ADDRESS) ST. JOSEPH, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE UNION STAR, MO. DATE OCT. 22, 1937,

19. UNDERTAKER FLEEMAN & SON, INC.
(ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO

20. FILED 10 - 22 - 37 A. J. Nestlebusch
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1937, to Oct 21, 1937.
I last saw h. i. m. alive on Oct 21, 1937. Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Premature
Other contributory causes of importance: 154
Premature

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol 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) W. E. Hartkopf
(Address) 1207 1/2 1st ave.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

