SEP - 1938
1939 OCT 5 1938

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

Do not use this space.

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No. 33352
Township Carondelet — Primary Registration District No. 290 — Registered No. 1455
City ~~Jefferson Barracks~~ (No. , Vet Hosp St. Ward)

2. FULL NAME William JACKSON
(a) Residence, No. St., Ward. Adam & 4th., Festus, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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: Colored
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) July 30, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
50	1	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Festus, Missouri.

FATHER
13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Not known

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus Mo. DATE 9/4/38 19

19. UNDERTAKER (ADDRESS) Dement & Son, 2629-31 Wash St.

20. FILED SEP 19 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 5, 1938, to September 1, 1938
I last saw him alive on September 1, 1938 Death is said to have occurred on the date stated above, at 10:55Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration. Hypertensive heart disease.	Unkn.

Other contributory causes of importance:

Arteriosclerosis, generalized, marked	Unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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 [signature]
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.

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.