

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

Do not use this space.

42012

1. PLACE OF BIRTH  
 County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City St. Louis, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jackson English  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>85</u>				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor Plaster

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) Labor

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Jackson English  
 (ADDRESS) Kentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec 6 1931

19. UNDERTAKER Pope and English  
 (ADDRESS) 2931 Leman

20. FILED 1/5 1932 Emma J. Harris  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3<sup>rd</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 10<sup>th</sup> 1931 to Dec 3<sup>rd</sup> 1931  
 I last saw him alive on Dec 3<sup>rd</sup> 1931. Death is said to have occurred on the date stated above, at 5<sup>th</sup> m.  
 The principal cause of death and related causes of importance were as follows:  
Chc Interstitial Nephritis 1908  
1910  
1931  
 Other contributory causes of importance:  
Myocarditis chc  
Arteriosclerosis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urinal 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) Ray Johnson, M. D.  
 (Address) Georgetown

MARGIN RESERVED FOR BINDING WITH UNFADING INK---THIS IS A PERMANENT RECORD.

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.

V. 10. 2.

