

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

Do not use this space.

7647

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Jefferson (No. 1000)

Registration District No. 213-
Primary Registration District No. 3014-

File No. 102-
Registered No. 102-
St. Jefferson Ward 4

2. FULL NAME

John Jackson

(a) Residence. No. 1000 mulberry St., Jefferson Ward.

(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 1 mos. 1 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)

single

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

Max Baer

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

Sept 6 - 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

21

6

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Max Baer

(c) Name of employer

California

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

John Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Flipping

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT
(Address)

Henry Jackson

15.

FILED

4/1 - 1927. P. 71, Bedford

REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Mar 30 1927

17.

I HEREBY CERTIFY, That I attended deceased from

28

1927

to

March 30

1927

that I last saw him alive on March 30, 1927, and that death occurred, on the date stated above, at 1:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bilateral Subar
pneumonia

CONTRIBUTORY (SECONDARY)

11A (duration) yrs. mos. 5 ds.
Influenza (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

no DATE OF no

WAS THERE AN AUTOPSY

no

WHAT TEST CONFIRMED DIAGNOSIS

clinical tests

(Signed)

J. Bruce M. D.

Mar 31, 1927 (Address) Jefferson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Jefferson Mo

4/1 1927

20. UNDERTAKER

ADDRESS

Lawson Turner Jefferson Mo

NOTED - HOW MUCH TO BE NOTED EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important.

