

STATE OF MINNESOTA 26871
 Division of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County St. Louis
 Township _____
 Village _____
 City Duluth No. 2nd Ave East to 1st St East St., _____ Ward 184

2 FULL NAME Elmer Jackson
 (2) 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. 2 ds. How long in U. S., if of foreign birth yrs. mos. ds.

| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | |
|--|---------------------------------|---|--|---|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>Black</u> | 5 Single, Married, Widowed, or Divorced (WRITE the word) <u>Single</u> | 16 DATE OF DEATH (month, day, and year) <u>June 15 1920</u> | 17 I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____, that I last saw h_____ alive on _____ 19____, and that death occurred on the date stated above, at _____. |
| 6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____ | | | The CAUSE OF DEATH* was as follows: <u>Strangulation by hanging to light pole (lynchings)</u> | |
| 6 DATE OF BIRTH (month, day, and year) <u>Apr. 19 1897</u> | | | duration _____ yrs. _____ mos. _____ ds. | |
| 7 AGE <u>23</u> Years | Months <u>1</u> | Days <u>26</u> | CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds. | |
| 8 OCCUPATION OF DECEASED (a) Trade, Profession, or particular kind of work <u>Labarer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Gireen</u> (c) Name of employer <u>John Robinson Shaw</u> | | | 18 Where was disease contracted? _____ If not at place of death? _____ | |
| 9 BIRTHPLACE (city or town) (State or country) <u>Missouri</u> | | | Did an operation precede death? _____ Date of _____ | |
| 10 NAME OF FATHER <u>Clifton Jackson</u> | | | Was there an autopsy? _____ | |
| 11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Missouri</u> | | | What test confirmed diagnosis? <u>C. F. McComb</u> M.D. | |
| 12 MAIDEN NAME OF MOTHER <u>Rachel Smith</u> | | | 19 (Address) <u>Duluth</u> <u>Coroner</u> | |
| 13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Missouri</u> | | | *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. (See reverse side for additional space.) | |
| 14 Informant (Address) <u>Clifton Jackson</u> | | | 19 PLACE OF BURIAL, CREMATION, OR REPOUSEL <u>Park Hill Cem</u> DATE OF BURIAL <u>June 15 1920</u> | |
| 15 Filed <u>E. W. FAHEY M. D.</u> DIRECTOR OF PUBLIC HEALTH | | | 20 UNDERTAKER <u>GRADY & HORGAN</u> <u>Duluth</u> | |

MARGIN RESERVED FOR BINDING

JUN 26 1920

N. B. WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 interpreted. OCCUPATION is very important. See instructions on back of certificate.