

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

Do not use this space.

32924

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township " " " " Primary Registration District No. 5178
 City " (No. ") St. " Ward "

File No. 975
 Registered No. "

2. FULL NAME

Adolf Jacob
 (a) Residence No. RFD #2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 8 - 1975

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 9 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stockman
 (b) General nature of industry, business, or establishment in which employed (or employer) attending stock
 (c) Name of employer Truig Blatner

9. BIRTHPLACE (CITY OR TOWN) XXXXXXXX Perry
 (STATE OR COUNTRY)

10. NAME OF FATHER Henry Jacob

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Johnnie Rowler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) American
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Adolf Jacob
 (Address) Cape Girardeau, Mo.

15. FILED 11/23/77 W. Kauffman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 19 77

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Died to Death by
Robert Bull on farm
in Cape Girardeau County
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1879
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Co
 IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C.R. Schoen Cornor, M. D.
11-23-77 (Address) Jackson 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 Lawmont Cemetery DATE OF BURIAL 11-25-77

20. UNDERTAKER Al Brinkoff ADDRESS Cape Girardeau Mo

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.

