

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

Do not use this space.

37175

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kennett City Mo (No. 9 1/2 East 5 St)

Registration District No. 399  
Primary Registration District No. 1002

File No. 1007  
Registered No. 1027  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Annie E Jacobs  
(a) Residence. No. 9 1/2 East 5 St St. 1 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr Harris Jacobs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 16 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69      3      11

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Booring house  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Canada

10. NAME OF FATHER Geo Laine

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Canada

12. MAIDEN NAME OF MOTHER Margret Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Canada

14. INFORMANT Mrs Annie Moore  
(Address) 2443 Forest ave

15. FILED 11/30 19 28 M. M. Corum REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1928

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 1928, to \_\_\_\_\_, 1928, that I last saw him alive on \_\_\_\_\_, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart attack

CONTRIBUTORY (SECONDARY) Arteriosclerosis (duration) 2 yrs. mos. da.  
emphysema (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT IN PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical path  
(Signed) H. H. H. H., M. D.  
11-25, 19 28 (Address) Mertt Kansas City

\*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 Forest Hill Cem DATE OF BURIAL Dec 1 - 19 28

20. UNDERTAKER John H Wagner ADDRESS 1409 Grand Ave

WRITE PLAINLY, 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.

La 1172, 1173, 1174, 1175

Commencement B

1172, 1173, 1174, 1175

1176, 1177, 1178, 1179