JAN 24 1929

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

Do not use this space.

41664

1. PLACE OF DEATH
County Madison
Township Castor
City ..... (No. ..... St. ..... Ward)

Registration District No. 538
Primary Registration District No. 6726

File No. .....
Registered No. .....

2. FULL NAME Ida B. Jacobs
(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 F.
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 Marion Jacobs.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21 - 1866

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 62 | 3 | 24 | |

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

9. BIRTHPLACE (CITY OR TOWN) Knob Lick
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Drew Murry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Bourland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Knob Lick
(STATE OR COUNTRY) Mo.

14. INFORMANT R. A. Brooks.
(Address) Fredericktown R.F.D.

15. Dec. 31, 1928 C. M. Dow
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1928, to Dec 15, 1928 that I last saw her alive on Dec. 14, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
[illegible]
(duration) — yrs. — mos. 4 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. E. Higdon, M. D
Dec 17 1928 (Address) Fredericktown, 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 Mt. Gilard Cemetery
DATE OF BURIAL Dec 17 1928

20. UNDERTAKER Ed. H. Webb
ADDRESS Fredericktown Mo

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.