Do not use this space. 1653

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

1. PLACE OF DEATH
County Jackson
Registration District No. 39
File No. 244
Township Kaw
Primary Registration District No. 1662
Registered No.
City Kansas City Mo (No. 3936 Mercier St. Ward)

2. FULL NAME Susan Mathias Jacques
(a) Residence. No. 3936 Mercier St., 7 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 wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm L. Jacques
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-19-1853
7. AGE 75 Years 10 Months 27 Days; If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Mo
PARENTS
10. NAME OF FATHER Henry Mathias
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Catherine Shafer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
14. INFORMANT William L. Jacques
(Address) 3936 Mercier
15. FILED 1-17, 1929 M. M. [illegible] Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 16 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929, to Jan 16, 1929,
that I last saw her alive on Jan 15, 1929 and that death occurred, on the date stated above, at 5 P m.
THE CAUSE OF DEATH* was as follows:
Uraemia 48 / 182
(duration) yrs. mos. 13 ds.
CONTRIBUTORY (SECONDARY) Cancer of Cervix Uteri
(duration) 2 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 46
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) David B. Robinson, M.D.
1/17, 1929 (Address) 603 Bry Bldg K C 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 Moriah
DATE OF BURIAL 1/18 1929
20. UNDERTAKER C. Wagner [illegible]
ADDRESS 1916 E 15th

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.