

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

Do not use this space.
23823

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.

1. PLACE OF DEATH
 County Buchanan. Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Joseph (No. 3409 Seneca Street) St. _____ Ward _____
 File No. _____
 Registered No. 811

2. FULL NAME Richard Edward Jacquemin
 (a) Residence. No. 3409 Seneca Street St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 33 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Anna Jacquemin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 28, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	8	4	

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

9. BIRTHPLACE (CITY OR TOWN) Fayetteville
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Jacob Jacquemin

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

12. MAIDEN NAME OF MOTHER Francis Holden

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

14. INFORMANT Mrs. Anna Jacquemin
 (Address) 3409 Seneca Street

15. FILED 3-1929 19 _____
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 19 29

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to Jan 2, 1924, that I last saw him alive on Jan 2, 1924, and that death occurred, on the date stated above, at 11:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma Stomach
 (duration) yrs. 6 mos. da.

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

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Ray
 (Signed) Thomas J. [Signature], M. D.
July 3, 1929 (Address) St. Joseph, 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. Olivet Cemetery DATE OF BURIAL July 5 19 29

20. UNDERTAKER H. D. Siderfader ADDRESS 1802 Union St

