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.

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

Do not use this space.

37383

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw. — Primary Registration District No. 1002 — Registered No. 4853

City Kansas City (No. 2825 Mercier. St. Ward)

2. FULL NAME John G. Jacobsen.

(a) Residence. No. 2825 Mercier St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26. 1854.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	9	27.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Tailor.

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer Self.

92

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark.

24

PARENTS

10. NAME OF FATHER Jacob Jacobsen.

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

12. MAIDEN NAME OF MOTHER No-record.

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

14. INFORMANT Mrs. Nielsina Jacobsen.
(Address) 2825 Mercier St.

15. FILED 11/26, 1929 M. M. Grove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1929

17. I HEREBY CERTIFY, That I attended deceased from November 18, 1929, to November 23, 1929 that I last saw him alive on November 23, 1929, and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interstitial Nephritis

131

97 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 129A

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David C Blanford M. D.

11/25, 1929 (Address) 1722 W 39

*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	DATE OF BURIAL
Mt. Washington	11/26/1929
20. UNDERTAKER	**ADDRESS**
H. W. Gates	K.C.Ks.

JAN 4 1955