

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

Do not use this space.

40763

5170

1. PLACE OF DEATH

County.....Jackson
Township.....Kaw
City.....Kansas City, Mo.

399
1002

Registration District No.....
Primary Registration District No.....
~~XXXX-XXXX-XXXX-XXXX~~
Research Hospital

File No.....
Registered No.....
St..... Ward)

2. FULL NAME Arthur Earl Jacobs

(a) Residence. No. 1113 East 36th St. St., 13 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 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 Elizabeth Jacobs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1902

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	27	10	2	

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. John Beyers
(Address) 1118 E 36

15. FILED 12/16 1929 M. M. Crowe
REGISTRAR asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-16 1929

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gen Peritonitis
181A
194B
129 (duration) yrs. mos. ds.

CONTRIBUTORY fell on iron fence while working (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 185
IF NOT AT PLACE OF DEATH

2 DID AN OPERATION PRECEDE DEATH... yes DATE OF 12-15-29
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Hopcity Coroner, M. D.
12/16, 1929 (Address) Hopcity Coroner

*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 Dec 18 1929

20. UNDERTAKER R. V. Lindsey & Sons, Inc ADDRESS City, Mo

26
2
3

CAUSE OF DEATH

