

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.

MAR 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Jungston Registration District No. 508
 Township Madison Primary Registration District No. 9226
 City Chillicothe Hospital

File No. 5618
 Registered No. 141
 St. _____ Ward _____

2. FULL NAME

Jake H. 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 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 Mrs. Mennie Jacobs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 6 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (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) Ohio

10. NAME OF FATHER Peter Jacobs

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

12. MAIDEN NAME OF MOTHER Anna Ross

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

14. INFORMANT Mrs. Mennie Jacobs
 (Address) Chula Mrs. R.F.H. 4

15. FILED 2/15 1930 Reuben Barney REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1930, to Feb 15 1930
 that I last saw him alive on Feb 14 1930, and that death occurred, on the date stated above, at 2:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute meningitis
(pneumococci)
1081
79A (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Lobar pneumonia
 (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED Chula, Mo
 IF NOT A PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS clinical & spinal
 (Signed) R. B. Norman, M. D.
2/15/30 (Address) Chillicothe 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 Ricketts Cemetery DATE OF BURIAL 2-16 1930

20. UNDERTAKER F. B. Norman, Chillicothe Mo, ADDRESS _____

