

SEP 25 1930

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

Do not use this space.

*Hogyan*

27024

1. PLACE OF DEATH

County *Jasper*

Registration District No. *406*

Township *Wright*

Primary Registration District No. *5560*

City *Webb City*

File No. *27024*

Registered No. *21*

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Jacob Jacobson*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Male*

*White*

*Married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 13 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Aug 8*, 19*30* to *Aug 13*, 19*30* that I last saw h. *alive* on *Aug 12*, 19*30*, and that death occurred, on the date stated above, at *3 a* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Primary Tuberculosis*  
*at least 10* (duration) yrs. mos. ds.  
*108*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

*Jessie Jacobson*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 25, 1859*

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

*70*

*8*

*9*

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

CONTRIBUTORY (SECONDARY) *heart disease*  
*Nov 8 - 25 - 1900* (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Sweden*

10. NAME OF FATHER

*Jacobson*

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)

*"*

14. INFORMANT

(Address)

*Mrs Anna Mc Nett*  
*Webb City Mo*

15. FILED

*Aug 15 1930*

*Ch. Rowley*  
REGISTRAR

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *W. J. Hogan*, M. D.

*Aug 14 1930* (Address) *Webb City 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

DATE OF BURIAL

*Webb City Cem*

*8/15 1930*

20. UNDERTAKER

ADDRESS

*Webb City Ind Co*  
*Webb City*

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.

