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.

MAY 23 1931

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

Do not use this space.

14035

1. PLACE OF DEATH
County Jackson — Registration District No. 398
Township Blue — Primary Registration District No. 5554
City Fairmount (No. 213 So. Ash St. Ward)

File No.
Registered No. 138

2. FULL NAME Amnie C. Jaques
(a) Residence, No. 213 So Ash 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: Female
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 Kenneth F Jaques

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1897

7. AGE: YEARS 33 — MONTHS 9 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgertown Missouri

FATHER
13. NAME John S. Lober
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Missouri

MOTHER
15. MAIDEN NAME Amney Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston Missouri

17. INFORMANT (ADDRESS) Kenneth F Jaques 213 So Ash

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Wash Cem DATE April 8 - 1931

19. UNDERTAKER (ADDRESS) Carson Undertaking Co Independence Mo

20. FILED 4-8- 1931 F L Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1931, to 4/5, 1931
I last saw her alive on 4/5, 1931. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Date of onset

108

108

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) 10307 Indep Ave KC Mo