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

28256 Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. 1000 Norton K. C. Mo. St. 3383 Ward)

2. FULL NAME Mrs. Esther M. Jacobson
(a) Residence, No. 1000 Norton, K. C. MO. St. 12 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 22 - 1853

7. AGE: YEARS 77 — MONTHS 10 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): July 31 - 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

FATHER
13. NAME: Christian Jessen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

MOTHER
15. MAIDEN NAME: Anna Multzen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Denmark

17. INFORMANT (ADDRESS): Kathryn Jacobson, 1000 Norton K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Hope - K.C.K. DATE: Aug. 8, 1931

19. UNDERTAKER (ADDRESS): Jos. A. Butler & Son, Kansas City, Kansas

20. FILED: 8/7, 1931 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 6, 31, 19

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1931, to Aug. 6 - 31, 19
I last saw her alive on Aug. 6, 31, 19 Death is said to have occurred on the date stated above, at 11P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis with hypertension	Unknown
131 Gastric ulcer	
92A	
117A	

Other contributory causes of importance:

Cerebral hemorrhage	Aug 1/31
Coma & Broncho Pneumonia	Aug 3/31

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X 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) Chas L. Perry, M. D.
(Address) 337 Lathrop Bldg.