WRITE PLAINLY, WITH INKPADDING 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.

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

Do not use this space.
34392

1. PLACE OF DEATH
County: Jackson — Registration District No.: 3 9 2 — File No.: 1106
Township: Kaw — Primary Registration District No.: 1 0 0 2 — Registered No.:
City: Kansas City (No. 3533, Olive St., Ward)

2. FULL NAME: Jacob I. Jacobson
(a) Residence, No. 3533 ~~Olive~~ Park 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 31 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Dora Jacobson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not known

7. AGE: Years 84 — Months – — Days – — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cigar Store
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): Poland

FATHER
13. NAME: Solomon Jacobson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

MOTHER
15. MAIDEN NAME: Kallie – Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland

17. INFORMANT: Sol Jacobson
(ADDRESS) 3533 ~~Olive~~ Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sheffield Cem. DATE: 10-8-31. 19

19. UNDERTAKER: J.P.Louis Funeral Home
(ADDRESS) Kansas City, Mo.

20. FILED 10-8- 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1928, 19..., to Oct 7, 1931
I last saw him alive on Oct 7, 1931. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Cathna

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?
If so, specify
(Signed) Simon Stegman, M. D.
(Address) 336 Leland Blvd.