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.

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

Do not use this space.

36079

File No.

Registered No. 10600

1. PLACE OF DEATH

County

Township

City St. Louis Mo. No. City Hospital St. Ward)

Registration District No. 791

Primary Registration District No. 1103

2. FULL NAME Grace Jacobs

(a) Residence, No. 1261 So. 3rd St. St., 22 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: Colored

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

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

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

7. AGE: Years: Abt. 25 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.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework

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): Mo.

FATHER

13. NAME: Jim Dodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Johnnie Wanner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT: Tree Davis
(ADDRESS): 1261 So. 3rd St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood DATE: Oct 19, 1931

19. UNDERTAKER: Atkins & [illegible] Co.
(ADDRESS): 2345 Morgan St.

20. FILED: Oct 19, 1931 Mad E. Barkloff
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death, and related causes of importance were as follows:

Chronic Nephritis 13 Date of onset

Chronic Interstitial Nephritis. 930

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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: Natural Disease

Nature of injury: Diseased Coronary

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno J. Murphy M. D.

(Address) Deputy Coroner