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

Do not use this space.

12213

1. PLACE OF DEATH

38 County Gentry — Registration District No. 314 — File No.

6 Township — Primary Registration District No. 4190 — Registered No. 9

2 City Stanberry (No. ..... St. ..... Ward)

2. FULL NAME Albert Wyssee Jacoby

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23-1864

7. AGE: YEARS 67 — MONTHS 3 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Farmer

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) 1924

11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co. MO

FATHER

13. NAME: John Jacoby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden Germany 10

MOTHER

15. MAIDEN NAME: Frederika Neusfeldner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baden Germany

17. INFORMANT (ADDRESS): Martin Jacoby Stanberry MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Stanberry Md DATE 4/8 1932

19. UNDERTAKER (ADDRESS): Labor H. Phillips Stanberry Md

20. FILED 4/7 1932 C S Berner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 6, 1932

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:35 a.m.

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

Influenza

Date of onset

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? .....

If so, specify .....

(Signed) Jas. A. Cuchitt, M. D.

(Address) Stanberry, Mo.

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 24 1932

Dr. J. A. Crockett.