

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

Do not use this space.

12872

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kansas Primary Registration District No. _____
 City Kansas City (No. Gen. Hosp. #2) St. _____ Ward _____

File No. 1049
 Registered No. 1042

2. FULL NAME

Jacob Zacobom (ZACOBOM)
 (a) Residence, No. 2017 Park St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-16-1892

7. AGE YEARS 39 MONTHS 8 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

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) Okla.

13. NAME Doe Zacobom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

17. INFORMANT (ADDRESS) Head Clerk Gen. Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Mt DATE 5-5-1932

19. UNDERTAKER (ADDRESS) D. M. Moore
1820 E 18

20. FILED May 4 1932 M. M. Cerowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1932, to 4-28, 1932.
 I last saw him alive on 4-28-1932. Death is said to have occurred on the date stated above, at 7:55 P.M.

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

Hypertensive Cardiovascular Disease Date of onset _____

Other contributory causes of importance: myocardial insuff.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cl & Sat Was there an autopsy? no

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) D. M. Miller, M. D.
 (Address) Gen. Hosp. #2

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.

