

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

Do not use this space.

16516

**1. PLACE OF DEATH**

49 County Jasper  
11 Township  
7 City Webb City, Mo. (No. \_\_\_\_\_)

Registration District No. 417  
Primary Registration District No. 3021

File No. \_\_\_\_\_  
Registered No. 51  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alice Jacks  
(a) Residence. No. 215 N. Webb St. St. \_\_\_\_\_ 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James B. Jacks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or	hrs. min.
<u>63</u>	<u>1</u>	<u>18</u>			

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Home wife  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo

10. NAME OF FATHER Robert Jacks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT James B. Jacks  
(Address) Webb City, Mo.

15. FILED 5/21, 1932 R. M. Stormont  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931 to May 19, 1932 that I last saw her alive on May 19, 1932 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Uraemia following an abdominal operation for carcinoma of ascending colon causing obstructive bowels

CONTRIBUTORY (SECONDARY) Jaundice (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-17-32

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X Ray, Lab  
(Signed) B. D. Dumbauld, M. D.  
30, 1932 (Address) Webb City Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ozark Memorial DATE OF BURIAL May 21 1932

20. UNBERTAKER Steele Und. Co. Webb City Mo ADDRESS

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.

JUN 23 1932

