

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

Do not use this space.

18570

1. PLACE OF DEATH

County Adair
Township Morrow
City (No. _____)

Registration District No. 1069
Primary Registration District No. 6210

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Elmer Mo. St. Ward. _____

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	61	8	7	

8. OCCUPATION OF DECEASED 235 House wife
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Keeping house
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mar 2 town 941 Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Louis Jacobs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio 2
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo 1
(STATE OR COUNTRY)

14. INFORMANT Flin Lindsey
(Address) R 3 Elmer Mo

15. FILED 6/12 1932 J. S. Clyde
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1932

17. I HEREBY CERTIFY, That I attended deceased from May 12 1932 to June 12 1932 that I last saw him alive on June 30 1932 and that death occurred, on the date stated above, at 6:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48
Heart failure
age 7 tuberculosis
CONTRIBUTOR (SECONDARY) (duration) 2 yrs. mos. ds.
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Iowa ①

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. S. Jacobs, M. D.

6/12 1932 (Address) Morrow 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 Campbell Cem DATE OF BURIAL June 15 1932

20. UNDERTAKER Llewellyn Don ADDRESS Morrow 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.

JUL 21 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

