

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

18799

1. PLACE OF DEATH

County Tuehawan Registration District No. 85

Township St Joseph Mo Primary Registration District No. # 1001

City St Joseph Mo (No. State Hosp # 2) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 4921 Bell Fontaine N.E. Mo Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mrs Blanche Jacks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 3 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Railroad Broker  
(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) Mo Unknown

10. NAME OF FATHER Kellam Jacks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo Unknown

12. MAIDEN NAME OF MOTHER Harriet Bruce

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

14. INFORMANT State Hospital Records  
(Address) St Joseph Mo

15. FILED 6-29-32 J. Paul Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 29 1932

17. I HEREBY CERTIFY, That I attended deceased from June 20 1932 to June 29 1932 that I last saw him alive on July 29 1932 and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) Sen Pareux (duration) one hour yrs. mos. ds.  
Quinton Stark (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? gross pathology, Post

(Signed) R. H. Miller M. D.  
June 29 1932 (Address) St Joseph 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 DATE OF BURIAL  
McMorick Cemetery K.C. Mo July 1 1932

20. UNDERTAKER ADDRESS  
R. W. Lewcomer 2111 E 9th St N.E. Mo.

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.

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