

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

Do not use this space.

19064

1. PLACE OF DEATH  
 County Cole Registration District No. 213  
 Township Osage Primary Registration District No. 5296B  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 140.  
 Registered No. \_\_\_\_\_

2. FULL NAME Christ J Jacobs  
 (a) Residence, No. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Jacobs</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-18-1864</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>✓</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) _____ 11. Total time (years) spent in this occupation _____			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole County, Missouri</u>				
FATHER	13. NAME _____ 31			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
MOTHER	15. MAIDEN NAME _____			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
17. INFORMANT (ADDRESS) <u>Chas Jacobs, 1000 E. 1st Ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Osage Burial</u> DATE <u>2/26/19</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Frank Y Gordon, 1000 E. 1st Ave</u>				
20. FILED <u>24</u> 19 <u>32</u> <u>W. B. Bedford</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>June - 18 - 1932</u>
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.	
I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.	
The principal cause of death and related causes of importance were as follows: <u>Knife wound of the chest</u> <u>168 Guisich</u> Other contributory causes of importance: <u>5</u> <u>168</u> Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>no</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>suicide</u> Date of injury _____ Where did injury occur? <u>Osage Burial</u> (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) <u>Edmund Carson</u> , M. D. (Address) <u>Jeff City, Mo. Carover</u>	

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