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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 555 — File No.: 19506

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 2310

City: Kansas City (No. 3910 Campbell St St. ... Ward)

2. FULL NAME: William W. Jacobs

(a) Residence, No. 3910 Campbell St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Harriet R. Jacobs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 9 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	9	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 93 C

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 97

10. Date deceased last worked at this occupation (month and year): 132 B

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York 2

FATHER

13. NAME: William A. Jacobs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Mary E. Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Mrs. Wm. W. Jacobs 3910 Campbell St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Forest Hill Cem. DATE: June ..., 19...

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Road

20. FILED: 6/10, 1932 — M. M. Crosby, Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1932, to June 9, 1932

I last saw him alive on June 9, 1932. Death is said to have occurred on the date stated above, at A. m. 2:30

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

	Date of onset
Arterio-Sclerosis	
Uremia	
Chr. Cortuitic Cellitis	May 30 years
93 C	
132 B	

Other contributory causes of importance:

Chr. hypertrophic with Cardiac failure	years
1	

Name of operation: None Date of: ...

What test confirmed diagnosis? Clinical Physical 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? No

If so, specify ...

(Signed) [illegible], M. D.

(Address) 1133 Professional Bldg. KC Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2

Dr. J. B. Bell, Professional Bldg.

VM4238