

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

Do not use this space.

19634

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Blue Primary Registration District No. 1003  
City Kansas City (No. Leads, - T. B. Hospital) Registered No. 24041  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Jacobs, Helen St. 4 Ward. N. C. M.  
(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>Female</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>Joseph A Jacobs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-30-09</u>		
7. AGE YEARS <u>23</u>	MONTHS <u>23</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>23</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Conkey James</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>		
15. MAIDEN NAME <u>Justa E. Math</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT (ADDRESS) <u>R. O. T. B. Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hammond</u> DATE <u>June 20, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. L. E. Foster</u> <u>1918 Brooklyn, Mo</u>		
20. FILED <u>9/20</u> 19 <u>32</u> <u>M. M. Crowe</u> <u>Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932 to 6-18, 1932  
I last saw him alive on 6-17, 1932 Death is said to have occurred on the date stated above, at 3:20 m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 1915

Other contributory causes of importance:  
23

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray & sputum

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Violence Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? New (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. uu

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M. D.  
(Address) Kansas City, 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.

