

Dr. Bedford

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

Do not use this space.
31791

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township Jefferson Primary Registration District No. 3014
 City J (No. _____) St. _____ Ward _____

File No. 235
 Registered No. _____

2. FULL NAME Henry T. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Jacobs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-29-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Cole County, Mo

13. NAME John Jacobs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Mrs. Annie Jacobs
 (ADDRESS) Jefferson City, Mo. R.R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE Oct-10 19 32

19. UNDERTAKER Thayer Gardner
 (ADDRESS) Jefferson City, Mo.

20. FILED 10/19/1932 Dr. Bedford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 19 32

I HEREBY CERTIFY, That I attended deceased from Feb 15 1922, to Oct 8 1932

I last saw him alive on Oct 8 1932 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:

Ischemic infarct cordia

Date of onset

Arteriosclerosis
92 A 92 B
 Other contributory causes of importance:

Name of operation no Date of _____
 What test confirmed diagnosis? _____ 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) Dr. Bedford M. D.
 (Address) Jefferson City, Mo.

NOV 22 1932

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