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.

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

Do not use this space.

35695

File No.

Registered No. 4197

1. PLACE OF DEATH

County JACKSON — Registration District No. 329

Township KAW — Primary Registration District No. 1098

City KANSAS CITY (No. 3218, WASHINGTON St. Ward)

2. FULL NAME JOHN JACOBS

(a) Residence, No. 3218 - WASHINGTON St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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~~ MRS. MARY CATHERINE JACOBS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY-17-1856

7. AGE: YEARS 76 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HEALTH INSPECTOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. KANSAS CITY, MO.

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

11. Total time (years) spent in this occupation 9 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PHILADELPHIA PENNSYLVANIA 13

FATHER

13. NAME JOHN JACOBS 132 B

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk 21

MOTHER

15. MAIDEN NAME Unk

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

17. INFORMANT (ADDRESS) FLOYD E. JACOBS 5050 - SUNSET DRIVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11-9 1930

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY, MISSOURI

20. FILED Nov. 9 1932 M. M. Crowe Asst. Registrar.

## 4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 14 Oct, 1932, to Nov 7, 1932

I last saw him alive on Nov 7, 1932. Death is said to have occurred on the date stated above, at 2:15 A.m.

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

| | Date of onset |
|---|---|
| Chronic Prostatic hypertrophy | |
| uremia | 3 wks |
| Myocardial degeneration | |
| & Cardiac failure & | 3 wks |
| Sudden Cardiac failure terminal | |

Other contributory causes of importance:

167 (1)

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical dip. Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) Lindsay J. Milne M. D.

(Address) 1132 Professional Bldg

1132 Professional Bldg.
1:00 - 4