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

Do not use this space.

1. PLACE OF DEATH
16 County Cape Girardeau — Registration District No. 124 — File No. 38723
Township Whitewater — Primary Registration District No. 5183 — Registered No. 67
City Near Millersville, Mo (No. ..... St. ..... Ward)

2. FULL NAME Joseph Wilson 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.

JAN 22 1933

y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Ellen Jacobs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 10 - 1859

7. AGE: YEARS 73 — MONTHS 6 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Mockport
(STATE OR COUNTRY): Indiana 2

PARENTS
10. NAME OF FATHER: M. P. Jacobs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Matilda Blake
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: L. W. Jacobs
(Address): Millersville Mo.

15. FILED 12-27, 1932 D. G. Seiber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 27 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1932, to Dec 27, 1932 that I last saw him alive on Dec 26, 1932 and that death occurred, on the date stated above, at 12:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
11A
102
11A (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Influenza (duration) ..... yrs. about 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at home
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) D. G. Seiber, M. D.
12-27, 1932 (Address) Jackson Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Snider Cemetery — DATE OF BURIAL: 12/27 1932

20. UNDERTAKER: McCombs Furn & Und. Co — ADDRESS: Jackson, Mo.