

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.

41053

1. PLACE OF DEATH

80 County Pittsburg  
Township Cedar  
City Longtown (No. ....)

Registration District No. 668  
Primary Registration District No. 5894

File No. ....  
Registered No. 327  
St. .... Ward)

2. FULL NAME

John E. Jaekel  
(a) Residence, No. Georgetown St. .... Ward.

(If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED—(write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30 1866</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>—</u>
	DAYS <u>9</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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) <u>Missouri</u>		
MOTHER	13. NAME <u>Chas Jaekel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Wink</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Chas Jaekel</u> (ADDRESS) <u>Marshall mob</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt Herman</u> DATE <u>12/11</u> <u>32</u>		
19. UNDERTAKER <u>Telegraph Fun Home</u> (ADDRESS) <u>and other</u>		
20. FILED <u>92-9</u> 19 <u>32</u> <u>J. E. Love</u> Registrar.		

7 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 8, 1932 to Dec 9th, 1932.  
I last saw him alive on Dec 9th, 1932. Death is said to have occurred on the date stated above, at 11 A. m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia Bronchial  
Date of onset 1932

Other contributory causes of importance:  
met lodged in oesophagus 32

Name of operation met removed. Date of .....  
What test confirmed diagnosis? ..... 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? No  
If so, specify .....  
(Signed) R. G. Campbell, M. D.  
(Address) Superior, Mo.

