

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

Do not use this space.

1. PLACE OF DEATH

95 County Registration District No. 780
1 Township Primary Registration District No. 4466
4 City Ste Genevieve (No., St. Ward)

File No. 41366
Registered No. 62
St. Ward)

2. FULL NAME

Mary Anna 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230
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) Ste Genevieve Missouri

MOTHER 13. NAME Charles Bolden

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

15. MAIDEN NAME Elizabeth Randall

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

17. INFORMANT Lynnon Jacobs (ADDRESS) Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ste Genevieve DATE 12/8 1932

19. UNDERTAKER Wagon J. Stanton (ADDRESS) Ste Genevieve Mo

20. FILED Dec 8 1932 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to Dec 6, 1932
I last saw her alive on Dec 6, 1932 Death is said to have occurred on the date stated above, at 10⁰⁰ P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset May 15 1932

Other contributory causes of importance: 48 48 ①

Name of operation NO Date of
What test confirmed diagnosis? Clinical Was there an autopsy? N.D.

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) Arthur E. Sawyer, M. D.
(Address) Ste Genevieve 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.

PERMANENT RECORD

JAN 5 1933

