

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.

2974

1. PLACE OF DEATH
 95 County St. Genevieve Registration District No. 781 File No. _____
 Township Beaumont Primary Registration District No. 6027 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Francis Joseph Jakent
 (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. 2 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) St. Genevieve Co
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Anthony Jakent

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

MOTHER
 15. MAIDEN NAME Mary Stinle

16. BIRTHPLACE (CITY OR TOWN) St. Genevieve Co
 (STATE OR COUNTRY) Missouri

17. INFORMANT Anthony Jakent
 (ADDRESS) St. Mary's Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ogona Mo DATE Jan 7 1933

19. UNDERTAKER Lee C. Beeler
 (ADDRESS) St. Genevieve Mo

20. FILED 1/7-1933 Walter Thomas
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 6 1933

22. I HEREBY CERTIFY, That I attended deceased from JAN 12 1933 to JAN 6 1933
 I last saw h. IM alive on JAN 5 1933. Death is said to have occurred on the date stated above, at: 3:45 p.m.
 The principal cause of death and related causes of importance were as follows:

JAKENT, Intestinal INFLUENZA Date of onset JAN 1 1933
 Other contributory causes of importance: _____

Name of operation NONE Date of _____
 What test confirmed diagnosis? CLINICAL Was there an autopsy? N.E.

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? N.E.
 If so, specify _____
 (Signed) Arthur E. Sedawie, M. D.
 (Address) St. Genevieve Mo

