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.

SEP 26 1933

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

Do not use this space.

25701

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 825

City St. Joseph, Mo. (No. 1616 Savannah Ave. St. Ward)

2. FULL NAME Joseph A. Jacobs

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

Length of residence in city or town where death occurred 30 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1852

7. AGE — YEARS: 81 — MONTHS: 6 — DAYS: 23 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) New York N Y

FATHER

13. NAME Joseph Jacobs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York N Y

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York. N Y

17. INFORMANT (ADDRESS) Claude Jacobs St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Aug 19 1933

19. UNDERTAKER (ADDRESS) Fleeman Mortuary Inc 1946 Colhoun

20. FILED AUG 18 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Aug. 18, 1933, to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Chronic Myocarditis

930

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of

What test confirmed diagnosis? Clin Hist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Forrest Thomas Coroner M.D.

(Address) 801½ Felix