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

Do not use this space.

JAN 26 1934

51

1. PLACE OF DEATH
County Johnson. Registration District No. 434
Township Hazel Hill Primary Registration District No. 5-5-91
City ..... (No. ..... St. ..... Ward)

File No. 36984
Registered No. 85

2. FULL NAME Charley Isiah Jacoby.

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Artie May Jacoby.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 5, 1887.

7. AGE: YEARS 46 | MONTHS 0 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.
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) Johnson Co. Mo.

FATHER
13. NAME Isiah Jacoby.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co. Ind.

MOTHER
15. MAIDEN NAME Ada Ellen Middleton.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Mo.

17. INFORMANT Isiah Jacoby. (ADDRESS) Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jacoby Cemetery DATE Nov. 15, 1933

19. UNDERTAKER Sweeney Phillips. (ADDRESS) Warrensburg. Mo.

20. FILED 1-10, 1934 A. E. Pollock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1933, to Nov 14, 1933
I last saw him alive on Nov 13, 1933. Death is said to have occurred on the date stated above, at 1:15 A.m. M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Jan-33

23A

Other contributory causes of importance

Name of operation ..... 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) [illegible], M. D.
(Address) Warrensburg Mo.

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.