

FEB 27 1934

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.

1. PLACE OF DEATH  
 County Jackson Registration District No. 300  
 Township Franklin Primary Registration District No. 300  
 City Wassellville (No. St. Joseph Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Daniel Eugene Jacques  
 (a) Residence, No. 119 N. Ash 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.

1395  
375  
File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2 child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17, 1926

7. AGE YEARS 7 MONTHS 9 DAYS 12 IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 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) Kansas City Mo

FATHER  
 13. NAME D. E. Jacques  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER  
 15. MAIDEN NAME Thurmie Green  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT D. E. Jacques  
 (ADDRESS) 119 N. Ash

18. BURIAL, CREMATION, OR REMOVAL PLACE Osborne Mo DATE Jan 25, 34

19. UNDERTAKER Keller  
 (ADDRESS) Kemo

20. FILED Jan 25, 1934 M. D. W. Crowe  
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1934 to Jan 24, 1934  
 first saw him alive on Jan 24, 1934 Death is said to have occurred on the date stated above, at 6:50 m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 1-23-34

Other contributory causes of importance:  
100 100

23. Name of operation Autopsy Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Chas. Wilson, M. D.  
 (Address) 1200 Prof Bldg

