MAR 24 1934

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

Do not use this space.

386

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File No. 819

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. — Primary Registration District No.

Township Kansas City

City K. C. (No. Children's Hospital St. Ward)

2. FULL NAME Jack Joseph Jagars.

(a) Residence, No. R. R. No. 4. No. K. C. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-23-29

7. AGE: Years 4 — Months 3 — Days 25 — If LESS than 1 day, hrs. or 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) Mo

FATHER

13. NAME Richard K. Jagars

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Mo

MOTHER

15. MAIDEN NAME Marguerita King

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

17. INFORMANT Richard K. Jagars Jr. (ADDRESS) R. R. No. 4 North K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys DATE Feb 20-34

19. UNDERTAKER Mrs. E. F. Forster (ADDRESS) 968 Swaseyer ave

20. FILED 2/20 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/34 19

22. I HEREBY CERTIFY, that I attended deceased from , 19 to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

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

Cerebrospinal hemorrhage — Date of onset

Fracture of the skull

Other contributory causes of importance: Pneumonia

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy

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

Accident, suicide, or homicide? — Date of injury

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?

If so, specify

(Signed) M. D.

(Address)

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.