

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

25 1934

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 Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St Joseph

(No. 1609 Highland Ave

File No.

7982

Registered No.

393

St. Ward

2. FULL NAME James Henry Jacobs

(a) Residence, No. 1609 Highland Ave St., Ward.

(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 Annie Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 1, 1871

7. AGE YEARS 63 MONTHS 1 DAYS 30  
If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwp.  
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) St Joseph Mo.

13. NAME John W. Jacobs

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Annie Jacobs (ADDRESS) 1609 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE April 3, 1934

19. UNDERTAKER Fleeman Mortuary Co (ADDRESS) 1940 Colhoun

20. FILED 4-4-34 John R Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1934

22. I HEREBY CERTIFY That I attended deceased from 26 Mar 1934 to 31 Mar 1934

I last saw him alive on 31 Mar 1934 Death is said to have occurred on the date stated above, at 10:45 A. M.

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

Cerebral Hemorrhage, apoplexy 31 Mar  
Angina Pectoris 26 Mar

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None 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) J. H. [Signature], M. D.

(Address) 35 [Address], Mo

