

MAY 27 1935

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

Do not use this space.

12690

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township IndependencePrimary Registration District No. 3019City IndependenceSt. Missouri

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1225 Elmwood 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Muriel K. Jacobs

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

Nov. 19, 1901

7. AGE

YEARS

33

MONTHS

4

DAYS

15

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Ford Motor Co

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)

Dallas Kansas

13. NAME

John T. Jacobs

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

Waynesboro West Virginia

15. MAIDEN NAME

Harriet Quinn

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

Beaumont Kansas

17. INFORMANT (ADDRESS)

Muriel Jacobs 1225 Elmwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lakrop, Mo DATE Apr 7 1935

19. UNDERTAKER (ADDRESS)

George C. Hanson 181 North Glasgow

20. FILED

4-8-35193532600

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 193522. I HEREBY CERTIFY, that I attended deceased from 2/10/35, 1935, to 4/4, 1935I last saw him alive on 4/4, 1935. Death is saidto have occurred on the date stated above, at 1230 P.M.

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

Pulmonary Hemorrhage - Ruptured Bronchial Artery

Other contributory causes of importance:

Double lobar PneumoniaEmpyema

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 _____, 1935

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) Shelma, M. D.(Address) 10301 Broadway Reno

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

MAR 2 1945

CASH ON DEPOSIT

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence

Registration District No. 398
Primary Registration District No. 3012

File No. _____
Registered No. 114
St. _____ Ward _____

2. FULL NAME

Roy Le Clede Jacobs

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED June 18, 1935 F R Book Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 4 1935 19____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ 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:

Pulmonary
hemorrhage
bronchial
hemorrhage
no T.B.

Date of onset _____

Other contributory causes of importance:

Double Lobar pneumonia
Empyema

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?
If so, specify _____

(Signed) _____, M. D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SPECIAL INVESTIGATION

06921-S