

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

Do not use this space.

26101

SEP 19 1935

1. PLACE OF DEATH

36
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County Franklin Registration District No. 297
Township _____ Primary Registration District No. 3016
City Washington, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 80

2. FULL NAME Joseph Richard Jacobs.

(a) Residence, No. 5 mi. East of Washington, Mo. Ward. Labadie, Mo.
(Usual place of abode) Hiway 47. 4 hrs. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 17 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 Lucy Jacobs (nee Feltmann)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11th, 1868.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 22

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

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) Aug. 2nd, 1935. 11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pinkneyville, Ill.

13. NAME Unknown.

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

15. MAIDEN NAME Unknown.

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

17. INFORMANT (ADDRESS) Mrs. Lucy Jacobs, Labadie, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. Washington, Mo. DATE Aug. 6th 1935

19. UNDERTAKER (ADDRESS) Nieburg & Vitt, Washington, Mo. Inc.

20. FILED Aug. 9 - 1935 H. A. May Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3 - 1935

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

I last saw him 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:

Compound fractured skull Date of onset 8.2.35

Other contributory causes of importance: Auto ran into side of wagon going in same direction 7:50 P.M. Aug 2 - 1935

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? Accident Date of injury Aug. 2nd 1935

Where did injury occur? State Highway No. 47 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Highway no. 47

Manner of injury Auto hit wagon on highway

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. L. Worthington Coroner M-D
(Address) Union, Mo.

N. E.—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.

