

JUN 26 1936

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

7
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

40 780-1
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1. PLACE OF DEATH

County St Charles
Township Calhoun
City Farmers Bluff (No.)

Registration District No. 713
Primary Registration District No. 5796D

File No.
Registered No.
St. Ward

2. FULL NAME

Mrs. Margareth Jacobs
New Melle St. Ward.

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6th 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 12

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

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) Brittendon County Ky

13. NAME Milton Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brittendon Co. Ky

15. MAIDEN NAME Christina Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co. Ky

17. INFORMANT (ADDRESS) Charles Jacobs
New Melle

18. BURIAL, CREMATION, OR REMOVAL PLACE St Charles Mo DATE 19

19. UNDERTAKER (ADDRESS) H. H. Hallmeyer & Sons Co.
St Charles Mo

20. FILED Jan 12 19 36 W. B. Buchanan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Held inquest, Dec 18 1935

That saw him alive on — 10th Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:
Natural Causes
probably some heart disease. Date of onset about 1930

Other contributory causes of importance: none

Name of operation none Date of operation —
What test confirmed diagnosis? Inquest 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? — (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 none

(Signed) Will L. Freeman, M. D.
(Address) St Charles. Mo

Coroner of St Charles Co Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

The following is a list of the names of the persons who were present at the meeting held on the 15th day of August, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

The names of the persons present are as follows:

Mr. J. Edgar Hoover
 Mr. E. A. Tamm
 Mr. Clegg
 Mr. Glavin
 Mr. Ladd
 Mr. Nichols
 Mr. Rosen
 Mr. Tracy
 Mr. Carson
 Mr. Egan
 Mr. Gurnea
 Mr. Hendon
 Mr. Pennington
 Mr. Quinn
 Mr. Nease
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of August, 1947, at the residence of the undersigned, at the address of 1234 Main Street, New York, New York.

J. Edgar Hoover
 Director