

MAR 4

1936

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

Do not use this space.

## 1. PLACE OF DEATH

County BonneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City ColumbiaFile No. 177Registered No. 48

St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence, No. John Jacobs \_\_\_\_\_ 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

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR WIFE OF)

Leue Jacobs

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

About 1884

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

About 52 yrs.

OCCUPATION

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

Salvager

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

Columbia Missouri

13. NAME

Harry Jacobs

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

Columbia Missouri

15. MAIDEN NAME

Maggie Thomas

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

Columbia Missouri

17. INFORMANT (ADDRESS)

Laura Cook 306 N. 3rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Columbia Mo. DATE 1-30 1936

19. UNDERTAKER (ADDRESS)

Wm. P. Parker 10 N. 4th St.

20. FILED

2/26/36 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-36 193622. I HEREBY CERTIFY, That I attended deceased from Jan 18 1936 to X 1936I last saw h. X alive on X 1936 Death is saidto have occurred on the date stated above, at 7:30 a.m.

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

Cerebral Hemorrhage Date of onset(or more)

Other contributory causes of importance:

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 \_\_\_\_\_ 1936

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) E. L. Davis, Coroner(Address) Columbia 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.

