FEB 20 1936

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

Do not use this space.

2574

1. PLACE OF DEATH
County Ralls. Registration District No. 725
Township Center. Primary Registration District No. 5-95-6
City (No. Center Mo. St. Ward)

File No.
Registered No.

2. FULL NAME Jacob Jant.
(a) Residence, No. Center Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 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): Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 24-1851
7. AGE: YEARS 84 MONTHS 10 DAYS 0. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unemployed.
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): Germany.

FATHER
13. NAME: unknown.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER
15. MAIDEN NAME: unknown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): May Gill. Perry Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Perry Mo DATE Jan, 24, 1936
19. UNDERTAKER (ADDRESS): Clyde C. Wilkey Perry Mo.
20. FILED Feb 3, 1936 J. T. Howard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1936, to Jan. 20, 1936
I last saw h. ~~in~~ alive on Jan 20, 1936 Death is said to have occurred on the date stated above, at 10.4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	1-6-36

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Other contributory causes of importance:
Hardening of arteries
Chronic nephritis

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? no
If so, specify
(Signed) Wm J Parnell D.O., M. D.
(Address) Perry - Mo.

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

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.