

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.

NOV 17 1936

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

Do not use this space.

36622

1. PLACE OF DEATH  
 County Bates Registration District No. 47  
 Township Deer Creek Secondary Registration District No. 4027  
 City Weyeradion St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Pearl May Jacobs  
 (a) Residence, No. \_\_\_\_\_ 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 4 26

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

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) Chenoa Ill.

13. NAME Orwell Caldwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Berta Blavins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Eva Davidson  
 (ADDRESS) 312 Terrace, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLAC Crematorium DATE Oct-14 1936

19. UNDERTAKER Breath & Son  
 (ADDRESS) Adrian Mo.

20. FILED Nov. 7 1936 Ethel C. Stephens  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to Oct. 12, 1936.  
 I last saw h. alive on Oct 7, 1936 Death is said to have occurred on the date stated above, at 5:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Lues, Dementia Paralytica Date of onset years

Other contributory causes of importance:  
Fractured Anus, Ophth. Chlopy.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none Was there an autopsy? yes

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) E. E. Robinson, M. D.  
 (Address) Adrian Mo.

