

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

Do not use this space.

1244

1. PLACE OF DEATH *Jackson*
 County *Jackson* Registration District No.
 Township *Kaw* Primary Registration District No.
 City *Kansas City, Mo.* (No. *1017 East 29th St.*)
 2. FULL NAME *Robert Edwin Jacobson*
 (a) Residence, No. *1017 East 29th St.* Ward *1*
 (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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 2 - 1917*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
19 1 0
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *5'*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *mill worker*
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *1*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas City Mo 24*
 MOTHER 13. NAME *Edwin Jacobson 2*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*
 15. MAIDEN NAME *Cecelia H. Peterson*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*
 17. INFORMANT *Edwin Jacobson*
 (ADDRESS) *1047 East 29th*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Mariah* DATE *Jan 6 - 1937*
 19. UNDERTAKER *R. V. Lindsey & Sons*
 (ADDRESS) *2811 Broadway*
 20. FILED *1-4 1937 M. M. Crowe, assk Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 2 1937*
 22. I HEREBY CERTIFY, That I attended deceased from *Dec. 29 1936*, to *Jan 2 1937*
 I last saw him alive on *Jan 1 1937*. Death is said to have occurred, on the date stated above, at *12:10 A.M.*
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset *12/25/36*
108
 Other contributory causes of importance: *Acute Myocarditis* *12/21*
 Name of operation *None* Date of
 What test confirmed diagnosis? 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? *Yes*
 If so, specify
 (Signed) *J. J. Harrison*, M. D.
 (Address) *1720 Prof. Bldg. K.C. 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.

