

MAR 13 1937

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

Do not use this space.

6599

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City (No. Wesley Hospital)

Registration District No. 399
Primary Registration District No. 1602

File No. _____
Registered No. 338
St. _____ Ward _____

2. FULL NAME

Charley S. Jacks
(a) Residence, No. Hampton Mrs St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Jacks

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1937, to 2-23, 1937. I last saw him alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 1305 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 1 27

Retrol Hemorrhage (april 27, 9)

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

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

Other contributory causes of importance:

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

13. NAME Lidney Jacks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri

15. MAIDEN NAME Nancy Jacks

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

17. INFORMANT (ADDRESS) Mrs Don Walker 55 11 Rockhill Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Carroll Mo DATE Feb 25 1937

19. UNDERTAKER (ADDRESS) Noland Undertaking Co Parkville Mo

20. FILED 24 19 37 M. M. Brown Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No

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) S.P. Ford M. D.
(Address) Parkville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

