MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 16113
Township — Primary Registration District No. 3614 — Registered No. 136
City Jefferson City (No. St. Peters School Hall St. Ward)

2. FULL NAME Joseph Issac Jacques
(a) Residence, No. 410 W. High St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Gertrude Jacques

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
79	6	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
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) Linn Missouri

FATHER
13. NAME Louis Jacques
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, France

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Margaret G. Jacques 410 W. High St. Jeff City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE 4/9 1937

19. UNDERTAKER (ADDRESS) Heinrichs Funeral Home Jefferson City, Mo.

20. FILED 4/8 1937 J. V. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 8th 1937, to Apr 8th 1937
I last saw him alive on Apr 8th 1937. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	

Other contributory causes of importance: 93

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) Thomas J. Kelly, M. D.
(Address) Jefferson City Mo

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