

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

Do not use this space.

AUG 11 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002
 City Kansas City (No. St. Lukes)

File No. 26230
 Registered No. 2513 Ward

2. FULL NAME

(a) Residence, No. 1807 E 29th St., Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16, 1924</u>		
7. AGE	YEARS <u>13</u>	MONTHS <u>1</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School</u>	
	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) <u>Kansas City Missouri</u>		
FATHER	13. NAME <u>Ben Jacobson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Freda Glassman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Missouri</u>	
17. INFORMANT (ADDRESS) <u>Ben Jacobson 1807 E 29th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Carmel</u> DATE <u>7-9-</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>J.P. Louis Funeral Home City</u>		
20. FILED <u>7-9-37</u> <u>M.M. Crowe</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1937

I HEREBY CERTIFY, That I attended deceased from July 9, 1937 to July 9, 1937
 I last saw him alive on 7/9, 1937. Death is said to have occurred on the date stated above, at 1:55 P.M.
 The principal cause of death and related causes of importance were as follows:

Acute Cardiac Failure with pulmonary edema
Miliary TB
 Date of onset 7/9/37

Other contributory causes of importance:

Name of operation Flat Foot operation Date of 7/7/37
 What test confirmed diagnosis? Autopsy 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 1

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify Acute Myocardial Infarction
 (Signed) Collis V. Villalobos M. D.
 (Address) 612 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.

