

JAN 20 1938

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

Do not use this space.

1. PLACE OF DEATH

64 County Marion Registration District No. 547
Township Mason Primary Registration District No. 3279
City Hannibal No. 1326 Pearl
File No. 46011
Registered No. 359
St. 5 (Ward)

2. FULL NAME

Margaret Jacoby
(a) Residence, No. 1326 Pearl St. 5 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George J. Jacoby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1860

7. AGE YEARS 77 MONTHS 9 DAYS 1 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1937 to Dec 10, 1937

I last saw h. ev. alive on 7, 1900 m/4, 1937 Death is said to have occurred on the date stated above, at 8:17 a.m.

The principal cause of death and related causes of importance were as follows:
Pneumonia, Lobor.

Date of onset

Other contributory causes of importance:
0

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Havaria Germany

FATHER 13. NAME John Ambr

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Cora Vollenweyer

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Joseph Jacoby, Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Dec. 13, 1937

19. UNDERTAKER (ADDRESS) St. Nicholas, Hannibal Mo.

20. FILED Dec 10, 1937 St. C. Fisher Registrar.

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19...
Where did injury occur? 0 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 0

(Signed) St. C. Fisher M. D.
(Address) Hannibal, Mo

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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