

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

Do not use this space.

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File No. 1717
405
Registered No. _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2624 Olive)

St. _____ Ward _____

2. FULL NAME

Ethel Miscally Jacobson 212

(a) Residence, No. 104 East 68th St. Terrace Ward _____
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writhe the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur J. Jacobson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 10 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Georgia

FATHER 13. NAME James S. Miscally

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlestown South Carolina

MOTHER 15. MAIDEN NAME Mary Elizabeth Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlestown South Carolina

17. INFORMANT Arthur J. Jacobson (Husband)
(ADDRESS) 104 East 68th St., Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Ga. DATE Jan 25, 1938

19. UNDERTAKER Stine & McClure
(ADDRESS) Kansas City, Missouri.

20. FILED Jan 25, 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 29, 1937, to January 24, 1938
I last saw her alive on January 23, 1938 Death is said to have occurred on the date stated above, at 8:30A am.
The principal cause of death and related causes of importance were as follows:

acute nephritis Date of onset 1-7-38

Other contributory causes of importance:
Diabetes mellitus 1930
Chronic myocarditis ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Diag 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) D. W. Farned
(Address) 406 Wirthman Bldg.

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.

RECEIVED

FEB 19 1938

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MO. STATE BOARD OF HEALTH