

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

Do not use this space.

2794

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo., 407 S. Park

File No. _____
Registered No. 58
St. _____ Ward _____

2. FULL NAME

James Henry Jacobs 212
(a) Residence, No. 407 S. Park St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Elizabeth Jacobs</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28, 1861</u>		
7. AGE	YEARS	MONTHS
<input checked="" type="checkbox"/>	<u>76</u>	<u>5</u>
		DAYS
		<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mo. Pacific</u>		
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>Serrys Grove, Indiana</u>		
13. NAME <u>Willis H. Jacobs</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Eliza Snow</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Elizabeth Jacobs Springfield, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Waltham</u> DATE <u>Jan. 18, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Alma Thompson Springfield, Mo.</u>		
20. FILED <u>Jan 18, 1938</u> <u>Alma Thompson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1938 to Jan 17, 1938
I last saw him alive on Jan 17, 1938 Death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 1/9/38
Arteriosclerosis
Senility

Other contributory causes of importance:
10/17

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) H. Lee Fogar M. D.
(Address) Springfield, 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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH