

REC'D MAY 10 1938

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

13984

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township _____ Primary Registration District No. 3006 Registered No. 82
(c) City Columbian (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lemmie Trimble Jacobs 212
(a) Residence, No. Columbian Hotel St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-21-1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 0 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager of
9. Industry or business in which work was done, as saw mill, bank, etc. Filling Station
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME James R. Jacobs
14. BIRTHPLACE (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Mandy Cook
16. BIRTHPLACE (CITY OR TOWN) Boone County
(STATE OR COUNTRY) Missouri

17. INFORMANT Leo Jacobs
(ADDRESS) Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valley Springs DATE 4-11 1938

19. FUNERAL DIRECTOR Parker
(ADDRESS) Columbian Missouri

20. FILED 4/17 1938 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Heart Date of onset _____
Deafferent, fell dead
at place of business,
probably
Cardiac Insufficiency

Other contributory causes of importance:

High Blood Pressure

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? _____

If so, specify _____

(Signed) MR. Tolson74 (Address) 2017 St.

STATEMENT BY LICENSED EMBALMER

I, W N Whitehead Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W N Whitehead

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W N Whitehead

Licensed Embalmer No. 3893

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)