

REC'D JUN 9 1938

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

17682

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 3016 Registered No. 114
(c) City Columbia (d) Street No. _____
(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

Jesse T Jacobs 212
(a) Residence, No. 1213 Eugenia 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) Married
5A. IF MARRIED, WHO OWNED OR DIVORCED HUSBAND OF (or) WIFE OF Daisy Dean Smith Jacobs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Painter
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) Boone Co Mo

FATHER 13. NAME Asa H. Jacobs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

MOTHER 15. MAIDEN NAME Sara Ann Turney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

17. INFORMANT Elmer Jacobs
(ADDRESS) Columbia R. 3.

18. BURIAL CREMATION OR REMOVAL Mid way
PLACE Locust Grove DATE May 16 1938

19. FUNERAL DIRECTOR R. O. Wilson
(ADDRESS) _____

20. FILED 5/16/38 Allie Selby
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 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 3 A.M.

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

Suicide167-

Other contributory causes of importance:

Self Inflicted Gun Shot woundName of operation None 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? Suicide Date of injury May 15 1938Where did injury occur? 1213 Eugenia St - Columbia, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In homeNature of injury Self inflicted12 Ga Shot Gun24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) M. P. Toole74 (Address) 207 9th St

STATEMENT BY LICENSED EMBALMER

I, Lyman H. Sprinkle, Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. H. Sprinkle
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.
Signed: Lyman H. Sprinkle
Licensed Embalmer No. 4013

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.)