WRITE 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.

I X9314

REC'D DEC 13 1938

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

Do not use this space.

1. PLACE OF DEATH
County Ste. Gen. Registration District No. 780
Township Ste. Gen. Primary Registration District No. 4466
City Ste. Genevieve (No. ..... St. ..... Ward)

File No. 40252
Registered No. 57

2. FULL NAME 212 Ida Belle Jacob's
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lamoin Jacobs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1880
7. AGE YEARS 58 MONTHS 10 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Coffman Missouri 0

FATHER
13. NAME Benjiman Chapell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffman Missouri 0

MOTHER
15. MAIDEN NAME Matilda Staten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffman Missouri 0

17. INFORMANT (ADDRESS) Lamoin Jacobs Ste. Genevieve Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Ste. Genevieve Mo DATE Nov 23 1938
19. UNDERTAKER (ADDRESS) Leo C. Basler Ste. Genevieve Mo
20. FILED Nov 22 1938 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1938, to Nov 21, 1938
I last saw her alive on Nov 21, 1938. Death is said to have occurred on the date stated above, at 3:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	
48	

Other contributory causes of importance:

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) Arthur E. Sexauer, M. D.
766 (Address) Ste. Genevieve Mo