REC'D AUG 17 1939

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

Do not use this space.

24961

1. PLACE OF DEATH
County Dates
Township West Boone
City ..... (No. ..... St. ..... Ward)
Registration District No. 52
Primary Registration District No. 5080
File No. .....
Registered No. 5

2. FULL NAME 217 Joseph Benjamin Jacobs
(a) Residence, No. ..... 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Jacobs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-11-1890
7. AGE YEARS 48 MONTHS 9 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Farming
10. Date deceased last worked at this occupation (month and year) July-1939
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kans

FATHER
13. NAME Joseph Jacobs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger

MOTHER
15. MAIDEN NAME Josephine Meyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Ill

17. INFORMANT (ADDRESS) Mrs. J. B. Jacobs Merwin Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Longsburg Kan DATE July-16 1939
19. UNDERTAKER (ADDRESS) J. B. Hays Drexel Mo
20. FILED July-15 1939 Mrs Will Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-14 1939
22. I HEREBY CERTIFY, That I attended deceased from July 14 1939 to ....., 19....
I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 6:00 P.m.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion
& sudden death
Date of onset
Other contributory causes of importance: 94 b
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Basil C Hartwell, M. D.
55 (Address) Drexel 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
District Health Officer No. 7,
District File Number 7-39-1189
Date Filed 8-9-39