

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

31656
Do not use this space.

1. PLACE OF DEATH 2

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 1002 Registered No. 3754

(c) City Kansas City, Mo. Street No. 1517 Brooklyn St.

(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 200 Luchus Jacob

(a) Residence, No. 1517 Brooklyn Ave St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Elsie Biggers Jacob

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1886

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>52</u>	<u>7</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as 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) Sheridan Co. Mo.

FATHER

13. NAME Henry Jacob

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fla.

MOTHER

15. MAIDEN NAME Marjiah White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheridan Co. Mo.

17. INFORMANT Elsie Biggers Jacob
(ADDRESS) 1517 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Westlawn C.E.K. DATE Sept. 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adkins Bros.
2000 E. 10th

20. FILED 9/27 1939 M. M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938 to Sept. 23, 1939

I last saw him alive Sept. 16th, 1939. Death is said to have occurred on the date stated above, at 11:10 A.M.

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

Intermittent Nephritis (Chronic) Date of onset 13/1

Other contributory causes of importance: Initial Regurgitation

Name 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? _____ 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) J. D. Suggenhein, M. D.
(Address) 2202 E. 18th

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.

WHITE LABEL, WITH GRADING MARKS—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edw. J. Evans,

Licensed Embalmer No. 3836

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.