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

Do not use this space.

File No. 6925

**1. PLACE OF DEATH**

County _Ray_

Township _Richmond_

City _Richmond_ (No. )

Registration District No. _744_

Primary Registration District No. _3033_

Registered No. _15_

**2. FULL NAME** _Albert Jacobs_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds.

(If nonresident, give city or town and State)

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** _Alice Moffitt Jacobs_

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) _Sept. 30, 1864_

**7. AGE** YEARS _68_ MONTHS _4_ DAYS _9_ 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. _____

**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) _Missouri_

**FATHER**

**13. NAME** _Samuel E. Jacobs_

**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) _Missouri_

**MOTHER**

**15. MAIDEN NAME** _Charlotte Johnson_

**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) _Missouri_

**17. INFORMANT** _Mrs. Alice Jacobs_
(ADDRESS) _Richmond Mo_

**18. BURIAL, CREMATION, OR REMOVAL**
PLACE _Jacobs Cem Richmond Mo_ DATE _2/11/33_, 19

**19. UNDERTAKER** _C. M. Jones_
(ADDRESS) _Richmond Mo_

**20. FILED** _2-13_, 19_33_ _E. E. Gay_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) _2/9/33_, 19

**22.** I HEREBY CERTIFY, That I attended deceased from _Nov 17_, 19_32_, to _Feb 9_, 19_33_.

I last saw him alive on _Feb 9_, 19_33_. Death is said to have occurred on the date stated above, at _10:20_ P.M.

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

_Myocarditis_

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _none_ 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) _L. D. Freeman_, M.D.

(Address) _Richmond Mo_