

SEP 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ray
Township Richmond
City (No.) (Ward)

Registration District No. 74-5976B

Primary Registration District No. 2-35

File No. 31588

Registered No. 93

2. FULL NAME

Galen Bishop 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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Zula Jacobs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Co.

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

13. NAME Samuel Jacobs

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

15. MAIDEN NAME Charlotte Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Gordon Jacobs
Richmond, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Jacobs Cemetery DATE Aug. 7 1937

19. UNDERTAKER (ADDRESS) Brothers Joiner
Richmond, Missouri

20. FILED 9/10 1937 Thompson McDaniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1936, 19... to Aug 5, 19... I last saw him alive on Aug 5, 19... Death is said to have occurred on the date stated above, 3:40 p. m.

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

Cerebral Hemorrhage

Other contributory causes of importance:

Arterio Sclerosis

Name of operation Date of What test confirmed diagnosis Brain 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 Stroke

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) G. B. Day, M. D. (Address) Richmond 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.

OCCUPATION
FATHER
MOTHER

