

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.

DEC 20 1935

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

Do not use this space.

37083

1. PLACE OF DEATH

County RAY
Township RICHMOND
City RICHMOND

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 105
St. Ward)

2. FULL NAME JOHN C. JACOBS

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ENA JACOBS</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 21 1890</u>				
7. AGE YEARS <u>45</u>	MONTHS <u>5</u>	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>			
	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) <u>Ray Co Mo</u>				
MOTHER	13. NAME <u>Robt. L. Jacobs</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
	15. MAIDEN NAME <u>Elizabeth Crowley</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>				
17. INFORMANT <u>ENA JACOBS</u> (ADDRESS) <u>RICHMOND MO</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>RICHMOND MO</u> DATE <u>11/19/35</u>				
19. UNDERTAKER <u>E. M. Gornie</u> (ADDRESS) <u>Richmond Mo</u>				
20. FILED <u>12-10-1935</u> <u>E. E. Day</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death (and related causes of importance were as follows:
Suicide by gunshot thru head. Date of onset 11/16/35

Other contributory causes of importance:
Instant death

Name of operation Date of
What test confirmed diagnosis Blindly Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide (Date of injury 11-15-1935)
Where did injury occur? Richmond Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Suicide
Nature of injury gun shot

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. E. Day Registrar, M. D.
(Address) Ray Mo

