

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.

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

Do not use this space.

34183

1. PLACE OF DEATH

County Way Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No. _____) St. _____ Ward _____

File No. _____
Registered No. 76

2. FULL NAME

Mrs Lillie 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 65

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Canton Ohio
13. NAME James A. Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Olise Faulkner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Lizzie Jacobs Richmond
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunnylope DATE October 23, 1933

19. UNDERTAKER (ADDRESS) D. W. Mansour Richmond Missouri
20. FILED 12-7-33 G. C. Day Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933 to Oct 21, 1933
I last saw h. pt. alive on Oct 20, 1933 Death is said to have occurred on the date stated above, at 5 A. m.
The principal cause of death and related causes of importance were as follows:

Apoplexy
Chronic interstitial nephritis
Other contributory causes of importance: _____
Date of onset Oct 16

Name of operation _____ Date of _____
What test confirmed diagnosis? Chimed 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) D. W. Gainer M. D.
(Address) Richmond, Mo.

