

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

Do not use this space.

41111

JAN 26 1934

1. PLACE OF DEATH

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

2. FULL NAME Martha Jane 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 Fe	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 <u>S.D. Jacobs</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 11, 1855</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
78	9	9	2	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife</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>				
FATHER	13. NAME <u>Silas Kloth</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Prucella Comings</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>M. J. Jacobs</u> (ADDRESS) <u>Richmond Mo.</u>				
18. BURIAL CREMATION, OR REMOVAL PLACE <u>Richmond R.F.P.</u> DATE <u>12/14/33</u>				
19. UNDERTAKER <u>C. W. Garner</u> (ADDRESS) <u>Richmond Mo.</u>				
20. FILED <u>1-9</u> 19 <u>34</u> <u>E. E. Day</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/13/33 .1933

22. I HEREBY CERTIFY That I attended deceased from Nov. 28 1933 to Dec. 12 1933
I last saw her alive on Dec. 12, 1933. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
Cardio Vascular
Arteriosclerosis
Date of onset Dec 16-33

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 2

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 12/13/33
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. E. Q. Parker
(Address) Richmond, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

