

MAY 25 1934

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

Do not use this space.

13960

1. PLACE OF DEATH

County Ray CoRegistration District No. 915Township UnionPrimary Registration District No. 6236

City (No. _____)

St. _____ Ward _____

2. FULL NAME Sallie Ward 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 <u>R.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
---------------------	-------------------------------	---

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>8</u>	<u>1</u>	

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

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) Ray Co Mo13. NAME Joseph Green14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Ward16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Mrs P. M. Wilkison
(ADDRESS) Palo Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cem DATE 4-7 193419. UNDERTAKER Alsbaugh & Cowley
(ADDRESS) Palo Mo20. FILED Apr. 8 1934 Virginia Showalter
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 193422. I HEREBY CERTIFY, That I attended deceased from April 4, 1934, to April 5, 1934.I last saw him alive on April 5, 1934. Death is saidto have occurred on the date stated above, at 10:10 a.m.

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

Chronic Hypertensive Cardio-vascular renal disease Date of onset _____ years of age
Ruptured varices of stomach with internal hemorrhage Apr. 4, 1934

Other contributory causes of importance:

100B
1030 15 Ward

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. E. Goldberg, M. D.(Address) Palo Mo

WRITE PLAINLY, WITH OUTLINES WHERE NECESSARY. 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.

