

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

Do not use this space.

37922

JAN 3 1929

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 98
St. _____ Ward _____

2. FULL NAME Walter 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Georgia Jacobs

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

Aug. 9, 1869

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
59	3	27	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mining
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Richmond

(STATE OR COUNTRY) Mo

10. NAME OF FATHER

George Jacobs

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Richmond

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Mandy Brigma

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Richmond

(STATE OR COUNTRY) Mo

14. INFORMANT

Georgia Jacobs
(Address) Richmond Mo

15. FILED

Dec 1st 1928 R. L. Kariotton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29, 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec 19, 1927 to Nov 29, 1928
that I last saw h. m. alive on Nov 29, 1928, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1150 Broken right femur
Paralysis of motor nerves of right leg
CONTRIBUTORY (SECONDARY) Paralysis of motor nerves of right leg
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) N. G. Lomb, M. D.

Dec 1, 1928 (Address) Richmond, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

City Cemetery
E. H. H. H. H.

DATE OF BURIAL

Dec 2, 1928

20. UNDERTAKER

E. H. H. H.

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.

