

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

Do not use this space.

REC'D JUN 23 1938

1. PLACE OF DEATH

County Randolph Registration District No. 178-1
Township Patton Primary Registration District No. 2435-
City Clark (No. _____) St. _____ Ward _____

File No. 19288

Registered No. 9

2. FULL NAME Willard Emmett Jacks Jr.

(a) Residence, No. Clark Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1924

7. AGE YEARS 14 MONTHS 2 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
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) Andrain Co. Missouri

13. NAME Willard Emmett Jacks Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Mo.

15. MAIDEN NAME Maudie Shores

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrain Co. Mo.

17. INFORMANT W. E. Jacks (ADDRESS) Clark Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapel Home DATE May 8 - 1938

19. UNDERTAKER Snow Funeral Home (ADDRESS) Clark Mo.

20. FILED May 12 1938 G. J. Kimberlin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1938

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to May 6, 1938

I last saw him alive on May 3, 1938. Death is said to have occurred on the date stated above, at 8 a. m.

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

Valvular Rheumatic heart Date of onset _____

Other contributory causes of importance: Death heart acute nephritis; pneumonia

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) R. A. Woods, M. D.
Clark Mo. (Address) _____

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.

