

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

Do not use this space.

20730

PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph (No. _____)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 751
St. _____ Ward _____

2. FULL NAME Wilbur Akins

(a) Residence. No. 2016 North 3d St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1st 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 6 15

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Nebraska City
(STATE OR COUNTRY) Nebraska

10. NAME OF FATHER James Clifton Akins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Zanesville
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah E. Lingle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holt County
(STATE OR COUNTRY) Missouri

14. INFORMANT Hazel Akins

2016 N. 3d Street

15. FILED 23 19 1927 REGISTRAR John B. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25th 19 27

17. I HEREBY CERTIFY That I attended deceased from July 25 1927 to July 26 1927 that I last saw him alive on July 25 1927 and that death occurred, on the date stated above, at 12:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Benzene of fuel (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 117B
IF NOT AT PLACE OF BIRTH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 22-1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Leroy Beckley, M. D.
July 27, 1927 (Address) Lincoln 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

Ashland Cemetery

DATE OF BURIAL

July 27 1927

20. UNDERTAKER

St. Meinshofer ADDRESS 1302 Tamm

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.

