

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

Do not use this space.

16085

1. PLACE OF DEATH

County Bates

Registration District No. 53

Township Bridge

Primary Registration District No. 8005

City Rich Hill (No.)

File No. 84

Registered No.

St.

Ward

2. FULL NAME

(a) Residence. No. 2314 Park Ave St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 2 mos. 21 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Caucasian

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

Single

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

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

Feb 28, 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

28

2

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Unemployed

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Rich Hill
Bates Co., Missouri

10. NAME OF FATHER

Thomas Akrigg

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Liverpool
England

12. MAIDEN NAME OF MOTHER

Margie Griffith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Alachany County, Virginia

14.

INFORMANT (Address)

Russell J. Akrigg
Rich Hill, Mo.

15.

FILED

5/20/28
James J. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 18 1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to May 18, 1928 that I last saw him alive on May 18, 1928, and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Arteritis
57A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

No DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Clinical
J. A. Delamater, M.D.
19 (Address) Rich Hill

*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

DATE OF BURIAL

Greenlawn

5-20 1928

20. UNDERTAKER

ADDRESS

H. E. Baughman Rich Hill
Mo

