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

Do not use this space.

17866

1. PLACE OF DEATH

County: Monroe — Registration District No. 578

Township: Clay — Primary Registration District No. 5782

City: ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME William Jackson Akers

(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: male

4. COLOR OR RACE: white

5. ~~SINGLE, MARRIED, WIDOWED~~ OR ~~DIVORCED~~ (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/1/1848

7. AGE: Years 80 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

PARENTS

10. NAME OF FATHER: Nathaniel Akers

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

12. MAIDEN NAME OF MOTHER: Sarah Boone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Virginia

14. INFORMANT: Mrs. Chris Overfelt
(Address) Holliday, Mo. R. R.

15. FILED May 8, 1928 Jagan Emmor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 5/6, 1928, to 5/6, 1928 that I last saw him alive on 5-6, 1928, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Degeneration
93C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED ——
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF ——
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual Clinical

(Signed) P C Davis, M. D
, 19 (Address) Moberly 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: Mt. Pleasant — DATE OF BURIAL: May 10 1928

20. UNDERTAKER: Fred A. Thompson — ADDRESS: Madison 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.