

AN 21 1929

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

Do not use this space.

1. PLACE OF DEATH

County Audra
 Township Prarie
 City Laddonia Mo (No. _____) (St. _____ Ward)

Registration District No. 24
 Primary Registration District No. 4015

File No. 39307

Registered No. _____

2. FULL NAME

Mary Rebecca Ann Celena Akridge

(a) Residence. No. _____ St. _____ Ward. _____
 (Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**

female

4. COLOR OR RACE

White

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

widow

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

Fredrick Akridge

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

June 8-1857

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1
day, _____ hrs.
or _____ min.

71

6

20

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

Retired farmers wife

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Audra Co Mo.

10. NAME OF FATHER

John C Thomas

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Mary Chas Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT
(Address)

Mrs C A Teague
Laddonia Mo.

15.

FILED

Dec 28 1928

W. K. McCall

REGISTRAR

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

Dec 28 - 1928

17.

I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Dec 28, 1928, that I last saw him alive on Dec 28, 1928, and that death occurred, on the date stated above, at 7:38 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
Arterio-sclerosis
 (duration) yrs. mos. ds. 3
 CONTRIBUTORY (SECONDARY) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Place of Death

no

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) W. K. McCall, M. D.

12-28, 1928 (Address) Laddonia

*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**

Laddonia Mo Dec. 30 1928

20. UNDERTAKER**ADDRESS**

W. K. McCall Laddonia Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

