JAN 23 1929

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

Do not use this space.

40165

1. PLACE OF DEATH
County Gentry — Registration District No. 309
Township Athens — Primary Registration District No. 3427
City Albany (No. ..... St. ..... Ward) — File No. ..... Registered No. 66

2. FULL NAME Jack Bolston Akers

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2	

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

9. BIRTHPLACE (CITY OR TOWN) Gentry Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Carroll Akers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gentry Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Eunice Ridnell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison Co
(STATE OR COUNTRY) MO

14. INFORMANT Carroll Akers
(Address) Albany Mo

15. Filed Jan 2, 1929 W. T. Martin REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-28-, 1928, to 12-30-, 1928, that I last saw him alive on 12-29-, 1928, and that death occurred, on the date stated above, at 5-45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature (2 pounds)
159
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Idiot
(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? Clinical

(Signed) Frank H. Rose, M. D

12-30, 1928 (Address) Albany 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: Foster Near Newhampton — DATE OF BURIAL: Dec 31 1928

20. UNDERTAKER: W D Noble — ADDRESS Newhampton 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.