

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

9835

1. PLACE OF DEATH

County Cape Girardeau
Township 9th
City Cape Girardeau (No. 80 East Mo. Hospital)

Registration District No. 125
Primary Registration District No. 3009

File No. 8935
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Francis Helen Ackman
(a) Residence. No. hulye landing 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)

Single

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

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

July 10th 1916

7. AGE

YEARS

MONTHS

DAYS

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

12

8

20

8. OCCUPATION OF DECEASED

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

School Child

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

hulye landing

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Thomas Ackman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

hulye landing

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Effie Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

hulye landing

(STATE OR COUNTRY)

Mo

14. INFORMANT

Mr Thomas Ackman

(Address)

hulye landing Mo

15. FILED

3/30 1929 W. Maemppfer REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30th 1929

17. I HEREBY CERTIFY, That I attended deceased from 8 March 28, 1929, to March 30, 1929, that I last saw h. or alive on Mar 29, 1929, and that death occurred, on the date stated above, at 5:43 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General sepsis following peritonitis

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Ruptured gangrenous appendix

(duration) _____ yrs. _____ mos. 5 ds.

18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH hulye's Landing, Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 25/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS surgical findings

(Signed) E. R. Schuck M. D.

3/30, 1929 (Address) Cape Girardeau, 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

New Bethel Cem

DATE OF BURIAL

3-31 1929

20. UNDERTAKER

Al Brunkhoff

ADDRESS

Cape Girardeau Mo

