

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

Do not use this space.

26866

1. PLACE OF DEATH

County Andrew
Township Union
City Mexico (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 2899
St. Ward)

2. FULL NAME

Mrs. Mary Ackerman
(a) Residence Monmouth Ill. St. Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED Mrs. Mary Ackerman
HUSBAND OF (OR WIFE OF) Mrs. Mary Ackerman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 - 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 58 5 27 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) don't no.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kirkwood Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Merton M. Ackerman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Miss Pearl Ackerman
(Address) 925 1/2 4th street

15. Aug 14 1924 Ira A. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-5 1924

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw him alive on 19..... and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Natural causes unknown to the jury
2004
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 2050
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. H. D. Bridgford, M. D.
, 19 1924 (Address) Mexico 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 Monmouth Ill DATE OF BURIAL 8-8 1924
20. UNDERTAKER H A Brect & Son ADDRESS Mexico

WRITE CAREFULLY, 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.

