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

Do not use this space.

36749

1. PLACE OF DEATH
County DeKalb Registration District No. 259
Township Dallas Primary Registration District No. 5366
City ..... (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Samuel Ackley

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
m	w	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22-1847

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
82	3	26	

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) my

PARENTS

10. NAME OF FATHER Solomon Ackley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) my
12. MAIDEN NAME OF MOTHER Elizabeth Haber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) my

14. INFORMANT Sidney Haber
(Address) maysville mo R#5

15. FILED 11-18, 1929 J. D. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-17-29 19

17. I HEREBY CERTIFY, That I attended deceased from Oct 24 1929 to Nov 17 1929, that I last saw h[illegible] alive on Nov 3 1929 and that death occurred, on the date stated above, at 11-45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis.
31
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(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? Was a typical case

(Signed) C. L. Pickens, M. D.
, 19 (Address) Fairport 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	DATE OF BURIAL
Fairport	11-19-29 19
20. UNDERTAKER	ADDRESS
Ed Thomas	Patonsburg mo

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

$$\begin{array}{r} 1929 \\ 1847 \\ \hline 82 \end{array}$$

$$\begin{array}{r} 37 \\ 22 \\ \hline 9 \\ 17 \\ \hline 26 \end{array}$$