

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

Do not use this space.

38092

1. PLACE OF DEATH

County POLK  
Township Campbell  
City                      (No.                     )

Registration District No. 701  
Primary Registration District No. 5933

File No.                       
Registered No. 65  
St.                      Ward                     

2. FULL NAME

Mollie M. Akins  
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO  
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

14. INFORMANT Jim Akins  
(Address) He is away in MO

15. FILED 11/27 1929 J. P. Roberts  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1929, to Sept 20, 1929 that I last saw her alive on Sept 20, 1929, and that death occurred, on the date stated above, at 3:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma  
liver

46E (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 44B (duration)                      yrs.                      mos.                      ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH                     

19. DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical sm

(Signed) R. O. Newsom, M. D.  
Nov 26, 1929 (Address) St. Mansville 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

Dunneyan Cemetery Nov 27 1929

20. UNDERTAKER R. A. Joseph ADDRESS St. Mansville Mo

3149

PHYSICIANS should be listed EXACTLY. Exact statement of OCCUPATION is very important. AGE should be properly classified. Exact statement of OCCUPATION is very important.

84

235

31

