

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

Do not use this space.

41763

1. PLACE OF DEATH

County Putnam

Registration District No. 7/8

Township Unionville

Primary Registration District No. 5-947

City..... (No.....).....

File No.....

Registered No. 39

St..... Ward.....

2. FULL NAME E. Milton Acree

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 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) March 7 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 5

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) Ind.
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Acree

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

12. MAIDEN NAME OF MOTHER Ann Vannaman Wood 12-14, 1879 (Address) Unionville Mo. (H.C.)

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

14. INFORMANT Geo. M. Exler
(Address) Unionville Mo. R.F.D.

15. FILED 12/14, 1929 J. H. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12th 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18th 1929, to Nov 27th 1929, that I last saw him alive on Nov 27, 1929, and that death occurred, on the date stated above, at One p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of throat
45 (duration) 2 yrs. - mos. - da.

CONTRIBUTORY (SECONDARY) Cirrhosis of liver
(duration)..... yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robt. E. Lee

*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 Winchell Cem. DATE OF BURIAL Dec 14 1929

20. UNDERTAKER W. C. Husted & Son ADDRESS Unionville Mo.

WRITE PLAINLY, 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.

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