APR 30 1930

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

Do not use this space.

9871

1. PLACE OF DEATH Pulaski

County .... Registration District No. 711

Township Union, Primary Registration District No. 5940

File No. 23

Registered No. 4

City .... (No. .... St. .... Ward)

2. FULL NAME Mary Ellen Akrey

(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: William S Akrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4-24- 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	11	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) .... (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John McKinnon

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

12. MAIDEN NAME OF MOTHER Julia Null,

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

14. INFORMANT William S, Akrey
(Address) Dixon, Mo,

15. FILED 3.28.1930 A S Lick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26th 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 2 1930 to Mch 26 1930 that I last saw her alive on Mch 26 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* was as follows:

Biliary Calculi
932
120

(duration) .... yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis

(duration) 1 yrs. 0 mos. 0 ds.

18. Where was disease contracted if not at place of death? Place of Death

Did an operation precede death? No Date of .... No

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W J Sell, M. D.

3/27, 1930 (Address) Crocker 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: Gentry

DATE OF BURIAL: 3/28 1930

20. UNDERTAKER: Fred H Gilbert

ADDRESS: Dixon Mo

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.