

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

OWN P. B. W.
Do not use this space.

11662

1. PLACE OF DEATH

County Boone
Township Boedar
City Ballwin (No.)

Registration District No. 71
Primary Registration District No. 5-110A

File No.
Registered No. 13
St. Ward)

2. FULL NAME

Arabel Acton

(a) Residence. No. Columbia R.D. 8 St. Ward.
(Usual place of abode)

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

Wm Acton

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

Aug 18, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

41

7

17

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)

Boone Co Mo

10. NAME OF FATHER

David Blackburn

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

Don't Know

12. MAIDEN NAME OF MOTHER

Vida Blackburn

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

Don't Know

14. INFORMANT (Address)

Mrs Josephine Berry
Columbia R.D. 8

15. FILED

May 5-30 A. I. Thibault
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

April 5-1930

17.

I HEREBY CERTIFY, That I attended deceased from 4-5-1930 to 4-5-1930, and that I last saw him alive on 4-5-1930, and that death occurred, on the date stated above, at Ballwin.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Insufficiency
94 hr
15 P.

(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Suffer from
Neuralgia in region of heart

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

IF AN OCCUPATION PRECEDE DEATH. NO DATE OF 4/5/30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. S. Davis, M.D.

4/5/30 (Address) Columbia R.D. 8 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

Bethel Boone Co Mo

DATE OF BURIAL

4-6-1930

20. UNDERTAKER

W. T. Vandevanter

ADDRESS

Columbia R.D. 8

N. B.—Every item of information should be stated EXACTLY. AGE should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAY 22 1930

