

SEP 25 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27020

1. PLACE OF DEATH

County Jasper
 Township Boonville
 City Carl Junction (No.)

Registration District No. 406
 Primary Registration District No. 4240

File No.
 Registered No. 22
 St. Ward

2. FULL NAME

Elizabeth Francis Akin

(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 19 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 P. L. Akin

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

Oct-20-1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
 day, ... hrs.
 or min.

54

10

6

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)

Illinois

10. NAME OF FATHER

Wm J. Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Eliza Sterna

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill.

14.

INFORMANT

(Address)

19 E. Akin
Carl Junction Mo.

15.

FILED

Aug 27 1930
C. W. Roney
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug-26 1930

17.

I HEREBY CERTIFY, That I attended deceased from Feb 23 1930 to Apr 29 1930
 that I last saw her alive on Apr 29 1930 and that
 death occurred, on the date stated above, at 9 a.m.

(b) CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Uterus

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

O. L. Alberty
Aug 26 1930 Address Carl Junction 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

Carl Junction

Aug 28 1930

20. UNDERTAKER

ADDRESS

C. W. Roney

Carl Jun. Mo.

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

