

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.

APR 21 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9313

File No. _____
Registered No. 6
St. _____ Ward _____

1. PLACE OF DEATH

2 (1) County Dade
Township Rockaway
City Emmett (No. _____)

Registration District No. 736
Primary Registration District No. 5371

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 29 yrs. 10 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Leonia Acuff
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/26/1901
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 10 4

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) Emmett
(STATE OR COUNTRY) Dade Co.

10. NAME OF FATHER W. R. Acuff
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dade Co.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Leta Christman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Emmett
(STATE OR COUNTRY)

14. INFORMANT W. R. Acuff
(Address)

15. FILED 4/2 1931 W. R. Acuff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March - 30 - 1931

17. I HEREBY CERTIFY, That I attended deceased from March 25th, 1931, to March 30, 1930.
that I last saw him alive on March 30, 1931, and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH WAS AS FOLLOWS:

Bilateral Lobar Pneumonia

108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Charles H. McHaffie, M. D.

3-31 1931 (Address) 208 Grovel

*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

Hopewell DATE OF BURIAL 3/31 1931

20. UNDERTAKER

Trogon + Morris ADDRESS 208 Grovel

