

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.

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

Do not use this space.

10371

1. PLACE OF DEATH

County Jasper

Registration District No. 411

Township Jasper

Primary Registration District No. 2002

City Jasper (No. 1)

File No. 10371

Registered No. 10371

St. Jasper Ward 1

2. FULL NAME

William Fred Akin, Jr.

(a) Residence. No. Seneca Mo. St. Seneca Ward Seneca

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

W

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

✓

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

Sept. 16 - 1930

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

5

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Seneca

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Fred Akin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Seneca

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

Anna Hancock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Schollen

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

W. F. Akin

Seneca Mo.

15.

FILED

3/31 1931 Arthur Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3 1931

17.

I HEREBY CERTIFY, That I attended deceased from 3/31 1931 to 3/31 1931, that I last saw him alive on 3/31 1931, and that death occurred, on the date stated above, at Seneca, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated Hernia

122 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

122 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF 7/9 1931

WAS THERE AN AUTOPSY? ①

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. B. Akin M. D.

(Address) Seneca 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

Seneca Mo.

3-14 1931

20. UNDERTAKER

ADDRESS

W. W. Buzzard Seneca Mo.

