

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

Do not use this space.

14961

1. PLACE OF DEATH

61 County Miller
Township Saline
City Spring Garden (No., St. Ward)

Registration District No. 561
Primary Registration District No. 5755

File No.
Registered No. 31
St. Ward)

2. FULL NAME Cordelia Ann Ackers

(a) Residence, No. Olean Mo. R.R. 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. ~~DECEASED'S MARRIAGE~~
(OR) WIFE OF O.L. Ackers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21st, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 2 1/2
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Enon (STATE OR COUNTRY) Missouri

13. NAME John Farmer

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Gemima Cornutt

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT O.L. Ackers (ADDRESS) Olean Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Spring Garden DATE Apr. 24th, 1931

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 4-23 1931 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23rd, 1931 19

22. I HEREBY CERTIFY, That I attended deceased from 1931, to 4/23, 1931

I last saw him alive on 4/22, 1931. Death is said to have occurred on the date stated above, at 1-35 Am.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach, Carcinoma
Had
Other contributory causes of importance:
4610

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. D. Wain M. D.
(Address) Edson, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 27 1931

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