

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

Do not use this space.

31084

**1. PLACE OF DEATH**

County Franklin Registration District No. 297  
 Township Washington Primary Registration District No. 3016  
 City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 83

**2. FULL NAME**

Helen Ackmann  
 (a) Residence, No. West 8th St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 6 yrs.  mos.  ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August Ackmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 25th 1864</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2:30</u>	
	10. Date deceased last worked at this occupation (month and year) <u>May 26/31</u>	
11. Total time (years) spent in this occupation <u>32</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winkley Missouri</u>		
MOTHER	13. NAME <u>William Hankel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Fredericka Pfhorst</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ursayowil</u>	
17. INFORMANT <u>Marion W. Ackmann</u> (ADDRESS) <u>Holstein, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith-Cook Cem.</u> DATE <u>June 23, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Nieburg &amp; Witt, Inc.</u> <u>Washington, Mo.</u>		
20. FILED <u>June 22, 1931</u> <u>O. R. Munch</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1931

22. I HEREBY CERTIFY that I attended deceased from May 27, 1931 to June 19, 1931  
 I last saw her alive on June 19, 1931. Death is said to have occurred on the date stated above, at 7:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach  
463 466 B  
 Other contributory causes of importance:  
unknown

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-Ray Was there an autopsy? no

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Norman Koff, M. D.  
 (Address) Washington 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.

1931 24 1931

