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.

SEP 24 1931

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

Do not use this space.
28967

1. PLACE OF DEATH
County Rodaway Registration District No. 624
Township Hopkins Primary Registration District No. 5826
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 11

2. FULL NAME William A Aiken
(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 30 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC-24 1853

7. AGE YEARS 77 MONTHS 7 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Page Co Iowa

FATHER
13. NAME William A Aiken
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Page Co Iowa

MOTHER
15. MAIDEN NAME Sarah Troy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Tenn

17. INFORMANT (ADDRESS) Anna Carter Albany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarinda Ia 8/5 1931

19. UNDERTAKER (ADDRESS) Price Fin Co Maryville Mo

20. FILED 8/5 1931 O H Sayles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2nd 1931

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1931, to July 2, 1931. I last saw him alive on July 6th, 1931. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

Pernicious Anemia — Date of onset years ago.

7/10 7/10

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? none 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? .....
If so, specify .....
(Signed) D A Sargent, M. D.
(Address) Hopkins Mo