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.

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

Do not use this space.

36276

File No. 10809

Registered No.

1. PLACE OF DEATH

County

Registration District No. 7

Township

Primary Registration District No. 1005

City St Louis (No. City Hospital St. Ward)

12666

2. FULL NAME Logan Akley

(a) Residence, No. 2927a La Salle St. Ward. 18
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tel Wagon

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Robert Akley

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

MOTHER

15. MAIDEN NAME Margaret Moore

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

17. INFORMANT Hospital Information
(ADDRESS) Grace Hosp. City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SD. Marcus C. DATE October 26, 1931

19. UNDERTAKER E. J. Schnur
(ADDRESS) 3125 Lafayette Av.

20. FILED Oct 26 1931 19 Max C Starkcoff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th, 1931, to Oct 22nd, 1931

I last saw him alive on Oct. 22nd, 1931. Death is said to have occurred on the date stated above, at 5:40 P.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, right.

108

108

Other contributory causes of importance:

Date of onset

Name of operation Dorsal 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?

If so, specify

(Signed) [illegible] Macnish, M. D.

(Address) City Hospital #1

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