

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.

JUN 21 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15248

1. PLACE OF DEATH

County Bates
 Township Howard
 City Sumner (No. _____)

Registration District No. 07
 Primary Registration District No. 1079

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(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 <u>F</u>	4. COLOR OR RACE <u>W</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>J. J. Ackerman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 9-1852</u>		
7. AGE <u>79</u>	YEARS <u>4</u>	MONTHS <u>22</u>
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.
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) <u>North Carolina?</u>		
FATHER	13. NAME <u>Elisia Stultz</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Sailor</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
17. INFORMANT (ADDRESS) <u>J. P. Adams</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner Cemetery</u> DATE <u>5-3-1932</u>		
19. UNDERTAKER (ADDRESS) <u>R. W. Mc Connell</u>		
20. FILED <u>5/2</u> 19 <u>32</u> <u>W. A. Williams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 18 - 1931, to May 1 - 1932

I last saw her alive on May 1 - 1932. Death is said to have occurred on the date stated above, at 7 P. m.

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

Cardiac Hypertrophy
95 B
69
95 B

Other contributory causes of importance:
arterio Sclerosis ①

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) W. A. Williams, M. D.
 (Address) Sumner, Mo.

