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.

OCT 28 1932

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

Do not use this space.

29926

1. PLACE OF DEATH

74 County Nodaway — Registration District No. 617 — File No.

Township White Cloud — Primary Registration District No. 5818 — Registered No. 20

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William James Akers

(a) Residence. No. 2941 Forrest Ave. X Ward. Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alline Myrtle Glover

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14, 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	32	1	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 29

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Lawson 10
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Mobe Akers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mollie Mary Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Alline M. G. Akers
(Address) 2941 Forrest Ave, Kansas City Mo.

15. FILED 9/14, 1932 Chas D Humbert M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14, 1932

17. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. that I last saw h.. alive on ..... 19.. and that death occurred, on the date stated above, at 12:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gross Injuries to brain, sustained in automobile collision on Federal Highway #71, six miles northwest of Barnard Mo. Instantaneous (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 210 M 210 (duration) ..... yrs. ..... mos. ..... ds. 201

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Chas D Humbert M.D., M. D.

9/14, 1932 (Address) Coroner, Nodaway Co, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lawson, Mo.	Aug 17 1932
20. UNDERTAKER	**ADDRESS**
Price Furniture Co.	Maryville Mo.