

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.

JAN 24 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40246

32

1. PLACE OF DEATH
 49 County Jay Registration District No. 411
 7 Township Galena Primary Registration District No. 2002
 5 City Porter No. 1 St. Porter Ward 1

2. FULL NAME Britchen Sophia Ackerson

(a) Residence, No. 820 W. 6th St. Ward. 1
 (Usual place of abode)
 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 Female 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 John Ackerson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1, 1895

7. AGE YEARS 37 MONTHS 18 DAYS 18 If LESS than 1 day, hrs. or min.

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

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 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

13. NAME Wm. Harms

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

15. MAIDEN NAME Jonker

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

17. INFORMANT (ADDRESS) John Ackerson

18. BURIAL, CREMATION, OR REMOVAL PLACE City DATE 12-20-1932

19. UNDERTAKER (ADDRESS) Wulfschlag & Co

20. FILED 12/20 1932 John Ackerson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 32

22. I HEREBY CERTIFY, That I attended deceased from 12-13-1932 to 12-19-1932

I last saw him alive on 12-19-1932 Death is said to have occurred on the date stated above, at 9-05 A.M.

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

Other contributory causes of importance: 1

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 Ed. J. Jarner M. D.
 (Signed) (Address)

