

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

Do not use this space.

40246

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

2. FULL NAME Kitcher Sophia Ackeron
 (a) Residence, No. _____ (Usual place of abode) 820 W. 6th St. Ward _____
 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. (If nonresident, give city or town and State)

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 Ackeron

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 15 18

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

MOTHER FATHER
 13. NAME Wm. Harms
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Anna; Tonger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT John Ackeron
 (ADDRESS) _____

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

19. UNDERTAKER (ADDRESS) Hull's Undertaking Co.

20. FILED 12/20 1932 John Ackeron 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 12-15 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 _____
 (Signed) Ed. J. Jarman M. D.
 (Address) _____

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.

JAN 24 1933

