

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

Do not use this space.

42066

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No. **791**
 City **St. Louis Mo** (No. **727**, **11 Springwood**) St. Ward)

File No.
 Registered No. **11190**

2. FULL NAME

(a) Residence, No. **727 W Spring** St., **19** Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>George Ackles</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 24 1857</i>		
7. AGE	YEARS <i>75</i>	MONTHS <i>3</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>none</i>	11. Total time (years) spent in this occupation <i>10</i>
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tales of Ohio</i>		
FATHER	13. NAME <i>William Mulford</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>	
MOTHER	15. MAIDEN NAME <i>Sarah Leadford</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Mrs Pearl Cargile 727 W Spring</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Red Oak Iowa</i> DATE <i>12/16/32</i>		
19. UNDERTAKER (ADDRESS) <i>Guy Miller 425 W Spring</i>		
20. FILED <i>DEC 16 1932</i> <i>Ray Warden</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 14* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *10/27* 19*32* to *12/14* 19*32*
 I last saw h. *alive* on *12/14* 19*32* Death is said to have occurred on the date stated above, at *2 P* m.
 The principal cause of death and related causes of importance were as follows:
Ac Cardiac Failure 12/13/32
Branchio Pneumonia 10/27/32
no 12/4/32

Other contributory causes of importance:
Chr nephritis
Chr secretory phary

Name of operation Date of
 What test confirmed diagnosis? 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 *(1)*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *George J. Nebano*
 (Signed) *George J. Nebano* M.D.
 (Address) *1006 So Jefferson*
12/5/32

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.

Mathias G. F. Vici
10. 1. 1860
J. J. J. J. J.
et al.