

WRITE PERMANENT RECORD 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.

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

Do not use this space.

5414

1. PLACE OF DEATH  
County Greene Registration District No. 318  
Township Springfield Primary Registration District No. 2001  
City Springfield (No. 1836 N. Main) St. Ward  
2. FULL NAME Mrs. M. Akin  
(a) Residence, No. 1836 N. Main St. Ward  
(Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1852  
7. AGE YEARS 80 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on Farm  
10. Date deceased last worked at this occupation (month and year) March 18-1852 11. Total time (years) spent in this occupation —

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

13. NAME Thos. L. Akin

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

15. MAIDEN NAME Martha Strickland

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

17. INFORMANT Mrs. Iowa Blackledge

(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interred DATE Feb 26 1933

19. UNDERTAKER Ralph W. Sargent

(ADDRESS) Springfield, Mo.

20. FILED 2 25 1933

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1933 to Feb 24 1933

I last saw him alive on Feb 23 1933 Death is said to have occurred on the date stated above, at 4 4 m.

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

Apoplexy Date of onset

Other contributory causes of importance:

Age

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? No

If so, specify

(Signed) C. A. Tucker M. D.

(Address) 200 W. Court St

