Do not use this space.

9235

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.

1. PLACE OF DEATH
County *Greene*
Registration District No. *318*
File No. ....
Township *North Campbell*
Primary Registration District No. *5439*
Registered No. *274*
City *Springfield* (No. *Route 4*) .... St. .... Ward.

2. FULL NAME *William Ackridge*
(a) Residence, No. *Greene County Farm* 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	MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Della Ackridge*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 6 - 1869*

7. AGE YEARS *63* MONTHS *6* DAYS *20* If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Stone Mason*
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 ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri Greene County*

FATHER
13. NAME *John Ackridge*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER
15. MAIDEN NAME *Sarah Vineyard*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT *Wm McDonald*
(ADDRESS) *Route 4*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Greene County Farm* DATE *March 26* *1933*

19. UNDERTAKER *W M McDonald*
(ADDRESS) *Route 4*

20. FILED *3-26* 19*33* *Ralph W Langston* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 26*, 193*3*

22. I HEREBY CERTIFY, That I attended deceased from *March 1*, 1933, to *March 26*, 1933. I last saw him alive on *March 22*, 19*33*. Death is said to have occurred on the date stated above, at .... m.
The principal cause of death and related causes of importance were as follows:

Chr. Cardiovascular Disease

Date of onset

Other contributory causes of importance:
Chr. Nephritis

Name of operation *No* .... Date of ....
What test confirmed diagnosis? *Physical* 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) *Saml William Jr.*, M.D.
(Address) *Springfield*