

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

Do not use this space.

17354

1. PLACE OF DEATH

County Tennisco

Registration District No. 453

Township Hayti

Primary Registration District No. 4390

City Hayti (No.       )

St.        Ward       

2. FULL NAME

(a) Residence, No.        St.        Ward       

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED—WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF E. C. Akers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 1886

7. AGE YEARS 47 MONTHS 2 DAYS 28 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       

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

13. NAME Mag Herrell

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

15. MAIDEN NAME Horrell Connally

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

17. INFORMANT (ADDRESS) W. H. Akers  
Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cornelville DATE May 8 1933

19. UNDERTAKER (ADDRESS) J. H. Akers  
Hayti Mo

20. FILED 5-7- 1933 J. H. Akers Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1933 to May 6, 1933

I last saw her alive on May 5, 1933. Death is said

to have occurred on the date stated above, at 2:45 P.M.

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

apoplexy  
42 ft  
186 ft  
191 ft  
82 ft

Other contributory causes of importance:  
fell against corner of stone  
when stricken, hitting head,  
making scalp wound

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) J. H. Akers, M. D.

(Address) Hayti, Mo.

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