

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

Do not use this space.

1. PLACE OF DEATH

82

County Pike
Township None
City Edgewood (No.)

Registration District No. 684
Primary Registration District No. 5912

File No. 17446
Registered No. 24
St. Ward

2. FULL NAME

(a) Residence, No. St. 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 Female 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 Roe Akers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 4 23

8. Trade, profession, or particular kind of work done, as splinner, 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) Pike Co. Mo. (STATE OR COUNTRY)

13. NAME Parker Johnson

14. BIRTHPLACE (CITY OR TOWN) Pike Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Sophronia Royalty

16. BIRTHPLACE (CITY OR TOWN) Pike Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Claude Johnson (ADDRESS) Walton

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cemetery 5-14-1933

19. UNDERTAKER Irvin B. Blumhord (ADDRESS) Bowling Green

20. FILED 6/20 1933 Wm. Summerford Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/13 19 33

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to May 13 1933
I last saw him alive on May 12 1933 Death is said to have occurred on the date stated above, at 5h m.
The principal cause of death and related causes of importance were as follows:

Chronic Int. Nephritis Date of onset

131
930/31

Other contributory causes of importance: Myocarditis

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) J. M. M. Chew M. D.
(Address) Bowling Green

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.

MIN 23 1933

