

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.

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1936

## 1. PLACE OF DEATH

35 County Dunklin  
7 Township St. Louis  
4 City Kennett (No. \_\_\_\_\_)

Registration District No. 288  
Primary Registration District No. 4172

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dorothy May Akers

(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 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 - 1933 -

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
4 17

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

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) Kennett (STATE OR COUNTRY) Mo.

13. NAME M. C. Akers

14. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Bessie Wright

16. BIRTHPLACE (CITY OR TOWN) Benton (STATE OR COUNTRY) Mo.

17. INFORMANT M. C. Akers (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hayes DATE June 17 1936

19. UNDERTAKER Backus and Co (ADDRESS) Kennett, Mo.

20. FILED Aug 29 1933 Thelma Davis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1936

22. I HEREBY CERTIFY That I attended deceased from May 1 - 1933 to June 17 1936

I last saw her alive on June 16 1936 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:

Hydrocephalus

Date of onset

576

Other contributory causes of importance:

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) W. B. Russell, M. D.

(Address) Kennett Mo

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