

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.

20340 A

1. PLACE OF DEATH

County maconRegistration District No. 033Township maconPrimary Registration District No. 3027City macon (No.)

File No.

Registered No. 74

St. Ward)

2. FULL NAME Ed V. Ankney

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Laurence6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 18747. AGE YEARS 59 MONTHS 2 DAYS 9 If LESS than 1 day, hrs. min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. millman

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) Bayfield (STATE OR COUNTRY) Wisc.13. NAME Henry Ankney14. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary Emery16. BIRTHPLACE (CITY OR TOWN) Brooklyn (STATE OR COUNTRY) West V.17. INFORMANT E. V. Ankney Jr. (ADDRESS) Albany, Ohio18. BURIAL, CREMATION, OR REMOVAL Interment PLACE Proctor DATE July 6 193319. UNDERTAKER Albert Skulmich (ADDRESS) Albany, Ohio20. FILED 8/31 1933 Mrs. Luke Hunkler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23 1933

22. I HEREBY CERTIFY That I attended deceased from, 19...., to, 19....

I last saw h. alive on, 19.... Death is said

to have occurred on the date stated above, at 119 m.

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

Date of onset

Other contributory causes of importance: Inquest 200 B

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. H. Gough M. D.(Address) Albany, Mo.

