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

Do not use this space.

1. PLACE OF DEATH

County _Stone_

Township _French_

Registration District No. _846_

Primary Registration District No. _6105_

City _____ (No. _____ , _____ St. _____ Ward)

File No. _25379C_

Registered No. _25_

2. FULL NAME _Leora Ellen Ackerman_

(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) _Married_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _Henry Ackerman_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Aug - 28 - 1875_

7. AGE YEARS _57_ MONTHS _10_ DAYS _6_ If LESS than 1 day, _____ hrs. or _____ min.

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

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) _all her life_

11. Total time (years) spent in this occupation _____

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

FATHER

13. NAME _Geo. Chris McDonald_

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

MOTHER

15. MAIDEN NAME _Martha A. Wallace_

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

17. INFORMANT (ADDRESS) _Henry Ackerman_ _Marionville, Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _I.O.O.F. Cem. M'ville_ DATE _July - 24_ 193_3_

19. UNDERTAKER (ADDRESS) _A. S. Wallace_ _Billings Mo_

20. FILED _1-10-_ 1934 _H. A. Dunbar_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _July 22_ , 19_33_

22. I HEREBY CERTIFY, That I attended deceased from _May 15_ , 193_3_ to _July 22_ , 19_33_

I last saw her alive on _July 17_ , 19_33_ Death is said to have occurred on the date stated above, at _6.30_ m.

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

Date of onset

Cancer of uterus and accidentally

_48_

Other contributory causes of importance

Diagnosis made at time of operation

Name of operation _Partial Hysterectomy_ Date _May_

What test confirmed diagnosis? _Laboratory_ Was there an autopsy? _no_

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) _F. H. Brown_ , M. D.

(Address) _Billings, Mo_