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

Do not use this space.

File No. 29697

Registered No. 3621

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kans — Primary Registration District No. 1008

City K. C. Mo (No. 5808 3810 Euclid St. Ward)

2. FULL NAME Mary Nancy Ackley

(a) Residence, No. Park Hill mo St. Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C Ackley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 - 1849

7. AGE: Years 83 | Months 10 | Days 5 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

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) N. Y.

FATHER

13. NAME Abner Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER

15. MAIDEN NAME Harriett Van Dussen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT M. B. Ackley
(ADDRESS) 5808 Euclid, Apt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 9-14-1933

19. UNDERTAKER Mrs. E. L. Forster
(ADDRESS) 918 Brooklyn, Apt

20. FILED 9-13-1933 M. M. Crouch
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-12-1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30-1933, to Sept. 12-1933

I last saw h.... alive on Sept. 12 1933. Death is said to have occurred on the date stated above, at 1:... p.m.

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

| | Date of onset |
|---|---|
| Empyema Gall Bladder. | |
| 121A | |
| 121B | |
| 127A | |
| Other contributory causes of importance: Acute Anemia Pneumonia Rup appendix op. | |

Name of operation Appendicectomy Date of Aug 30-33

What test confirmed diagnosis? Op & Path 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? No

If so, specify

(Signed) J. Rollans Palmer M. D.

(Address) 600 Minnesota Ave

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

602 Mission Ave

Dec. 1452