

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

Do not use this space.

30551

1. PLACE OF DEATH

82 County Pike
Township Princetonville
City _____ (No. _____)

Registration District No. 687
Primary Registration District No. 3

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mrs Addie F. Akers

(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.

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 6 18

OCCUPATION

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) (STATE OR COUNTRY) Lunesville Co - Mo

13. NAME Wm A Lewis

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

15. MAIDEN NAME Nannie Merriweather

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

17. INFORMANT (ADDRESS) Edwin Akers

18. BURIAL, CREMATION, OR REMOVAL

PLACE Episcopal Cemetery DATE Sept 15, 1933

19. UNDERTAKER (ADDRESS) Soloach & Co

20. FILED Sept 14, 1933 12 M Gooch

Register

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1933, to Sept 14, 1933

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

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

Cerebral hemorrhage

82A

77

Other contributory causes of importance:

General arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) E M Barber, M. D.
(Address) Belleville Missouri

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 20 1933

CH 12

12/12/12

12/12/12