

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.

36133

JAN 26 1934
35
7

PLACE OF DEATH

County Wentz
Township 2nd
City Kennett (No. _____)

Registration District No. 288
Primary Registration District No. 472

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

62 FULL NAME Jennie 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 M 4. COLOR OR RACE W 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) July 9 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 3

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) Jennett Mo

13. NAME Chas Haggard

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

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT W. A. Akers (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty DATE 11/12 1933

19. UNDERTAKER Lutz Turn Co (ADDRESS) Kennett Mo

20. FILED 11-18 1933 Thurley Davis Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1933, to 11-12, 1933

I last saw her alive on 11-12, 1933. Death is said

to have occurred on the date stated above, at 11 a m.

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

Cerebral Haemorrhage Date of onset 11-12

131

Other contributory causes of importance:

Generalized Sclerosis
Chr. Nephritis

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) James C. Baker, M. D.

(Address) Kennett Mo

