

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.

JAN 26 1934

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

Do not use this space.

1. PLACE OF DEATH

County BooneRegistration District No. 72Township CentraliaPrimary Registration District No. 4041City Centralia

(No. _____)

St. _____

Ward _____

2. FULL NAME Laura 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

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR

Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 15th 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ...hrs.
or min.8106

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.News Keeper9. 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
occupation12. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY))Boone Co., Mo.

FATHER

13. NAME

Unknown

MOTHER

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

15. MAIDEN NAME

Laura Gibbs16. BIRTHPLACE (CITY OR TOWN
(STATE OR COUNTRY))Columbia Mo17. INFORMANT
(ADDRESS)J. H. Hickerson
Centralia

18. BURIAL, CREMATION, OR REMOVAL

Centralia Mo CemDATE Jan 2, 193419. UNDERTAKER
(ADDRESS)W. H. McDonald
Centralia

20. FILED

1/3138J. H. Hickerson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31st, 1933

22. I HEREBY CERTIFY, That I attended deceased from

July, 1933, to Dec 29, 1933I last saw him alive on 12-29, 1933 Death is saidto have occurred on the date stated above, at 5:15 A.M.

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

1. T.B.

Date of case

Other contributory causes of importance

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) J. H. Hickerson

M. D.

(Address) Centralia Mo

