

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

Do not use this space.

15894

1. PLACE OF DEATH

County Buchanan
Township Washington
City Washington

Registration District No. 5127
Primary Registration District No. 5127
(No. 1 Mi. No. of Woodbine School)

File No. 49
Registered No. 49
St. Washington Ward 1

2. FULL NAME

Louis Phillip Acker

(a) Residence, No. Washington Twp. St. Washington Ward. 1
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Acker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11, 1855

7. AGE YEARS 78 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail Clerk.
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) 1918 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeport, Ill.

13. NAME Frances Joseph Acker

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strassburg, Ger.

17. INFORMANT Mrs. T. M. Booth
(ADDRESS) Washington Twp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE May 23, 1934

19. UNDERTAKER Walker, Michael
(ADDRESS) 1302 - 1/2 - 1/2 - St. Joseph, Mo.

20. FILED May 23, 1934
J. B. Bunch
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1934, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-3, 1934, to 5-19, 1934

I last saw him alive on 5-8, 1934 Death is said to have occurred on the date stated above, at 2:45 A.M.

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

92.7
Endocarditis
97
Arteriosclerosis
Febrile
Date of onset unknown

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 _____, 1934

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) C. S. Sproun, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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.

JUN 20 1934

