

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

Do not use this space.

16288

1. PLACE OF DEATH

County Dunklin
Township Collon Hill
City _____ (No. _____)

Registration District No. 289
Primary Registration District No. 3407

File No. _____
Registered No. 27 St. _____ Ward) _____

2. FULL NAME

Louella 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Akers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4-1866</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>11</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>V</u>
	10. Date deceased last worked at this occupation (month and year) <u>V</u>
	11. Total time (years) spent in this occupation <u>V</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tenn

13. NAME Dont Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dont Know

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dont Know

17. INFORMANT J. W. Akers
(ADDRESS) Malden Mo

18. BURIAL, CREMATION OR REMOVAL
PLACE McKlellan DATE 5-6 1934

19. UNDERTAKER H. L. Craig
(ADDRESS) Malden Mo

20. FILED 5/5 1934 S. B. Mitchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. HEREBY CERTIFY, That I attended deceased from Feb. 8th 1934, to May 5th 1934

I last saw h. r. alive on May 1st 1934. 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:

Pulmonary Tuberculosis
23A

Date of onset
12 yrs

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) John Naulchue, M. D.

(Address) Malden 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 21 1934

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