

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.

AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall, Mo. (No. Fitzgibbon Hoop)File No. 27841Registered No. 101

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 455 N. arrow

St. _____

Ward _____

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Q. Akers6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 18487. AGE YEARS 85 MONTHS 10 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) 6/9/34 11. Total time (years) spent in this occupation _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo.13. NAME Peter Duffy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Bridget Caffrey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Fillian Keller (ADDRESS) Marshall, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE July 16, 193419. UNDERTAKER Vandiver Mortuary (ADDRESS) Marshall, Mo.20. FILED 7/16, 1934 Nele Huston Deputy Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 193422. I HEREBY CERTIFY That I attended deceased from June 9, 1934 to July 13, 1934I last saw her alive on July 13, 1934 Death is saidto have occurred on the date stated above, at 5 P. m.

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

Date of onset

Cerebral hemorrhage (apoplexy) 7/5/341862 1948 1862 7/3Other contributory causes of importance: Fracture of femur from accidental fall on pavement 6/9/34

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/9, 1934Where did injury occur? Marshall, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On streetManner of injury Fallen on sidewalkNature of injury Interochondric free femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. J. Manning, M. D.(Address) Marshall, Mo.

