

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.

OCT 17 1934

30403

1. PLACE OF DEATH

County Pike
 Township Amesville
 City Louisiana

Registration District No. 689
 Primary Registration District No. 3033
 (No. Pike Co Hospital)

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

2. FULL NAME

(a) Residence, No. Orrah May Akers St. Mo

(Usual place of abode)

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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Edwin Akers

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

May 26 - 1893

7. AGE

YEARS

MONTHS

DAYS

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

41

2

28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

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)

Ecilia Mo.

FATHER

13. NAME

Lewis Carter

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

Pike Co. Mo.

MOTHER

15. MAIDEN NAME

Missie Patterson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pike Co. Mo.

17. INFORMANT (ADDRESS)

Edwin Akers Ecilia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Episcopal Cemetery DATE Aug 26, 1934

19. UNDERTAKER (ADDRESS)

Gabel Hardware Co Ecilia Mo

20. FILED

Aug 25, 1934 J. M. Baxlett Registrar.

MEDICAL CERTIFICATE OF DEATH

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

August 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from

August 24, 1934, to August 24, 1934

I last saw her alive on August 24, 1934. Death is said

to have occurred on the date stated above, at 7:30 P.M.

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

1444A
Acute dilation of heart
1496
148

Date of onset

7:30 P.M.

Other contributory causes of importance:

Confinement

Name of operation _____ Date of _____

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

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

Accident, suicide, or homicide? _____ Date of injury Aug 24, 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? no

If so, specify

(Signed) J. M. Baxlett, M. D.

(Address) Amesville Mo.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.*Pike*

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Orrah May AkersWho died at _____ on Aug 24 - 1934Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W Single, married, widowed or divorced: _____Date of birth _____ Age: Years 41 Months 2 Days 28

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: acute dilatation of heartDeath occurred immediately after delivery and just after anesthesia had been discontinuedShe had a placenta previa and a version procedure but sudden death was due either to acute dilatation of heart or embolism on femoral vein

Other contributory causes of importance _____

Name of operation podalic version Date of Aug 24 - 1934What test confirmed diagnosis? _____ Was there an autopsy? No

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)

She did not have a chronic heart diseaseSpecify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician E. M. Bartlett - Clarkville Mo

Address of physician _____

Signature of Registrar E. T. McGaugh Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 689Primary Reg. Dist. No. 3033

Very truly yours,

E. T. McGaugh

State Registrar

Special Agent.

S-30403

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