

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.

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph, (No. 2746 Lafayette St.)

File No. 32034
Registered No. 1080
St. _____ Ward _____

2. FULL NAME

George Washington Akers

(a) Residence, No. 2746 Lafayette St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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>Florence Akers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24, 1855</u>		
7. AGE <u>78</u>	YEARS <u>10</u>	MONTHS <u>25</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>Public Official</u>
	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) <u>1928</u>
	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) <u>Shawneetown,</u> (STATE OR COUNTRY) <u>Illinois</u>

13. NAME <u>William Akers</u>

14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>

15. MAIDEN NAME <u>Harriett Robinson</u>
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16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT <u>Mrs. Florence Akers</u> (ADDRESS) <u>2746 Lafayette St.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>Sept. 22, 1934</u>

19. UNDERTAKER <u>Arthur Moenhoff</u> (ADDRESS) <u>1302 Mason St. St. Joseph, Mo.</u>
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20. FILED <u>9-21</u> 19 <u>34</u> <u>John R. Bender</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1934

22. I HEREBY CERTIFY, that I attended deceased from November, 1932, to September 19, 1934

I last saw him alive on Sept 19, 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Date of onset

About 2 yrs

Cancer of Lung

47A

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? findings Was there an autopsy? no

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

Accident, suicide, or homicide? no 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 no

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) H. W. Clark, M. D.(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

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