Hays

NOV 15 1934

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

Do not use this space.

File No. 41733

Registered No. 217

1. PLACE OF DEATH

County: Vernon — Registration District No. 875

Township: Washington — Primary Registration District No. 6162

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Arthur Akes

(a) Residence, No. State Hospital #3 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. 2 mos. 1 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hazel Akes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 18, 1897

7. AGE: Years 37 — Months ..... — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Galena, Kan.

FATHER

13. NAME: Alfred Akes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Marys, Me.

MOTHER

15. MAIDEN NAME: Maud Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Taylorville Mo

17. INFORMANT (ADDRESS): Hazel Akes Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Joplin Mo DATE 11-1, 1934

19. UNDERTAKER (ADDRESS): Allen O Hays Nevada Mo.

20. FILED Nov. 1, 1934 M Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1934 to Nov. 1, 1934

I last saw him alive on ..... 1934. Death is said to have occurred on the date stated above, at 2-10 a.m.

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

	Date of onset,
Gen. paralysis of the insane	recent
Syphilis of central n. syst.	

Other contributory causes of importance: Maniacal exhaustion — 2 mos.

Name of operation: none — 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? ..... 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 .....

Nature of injury .....

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

If so, specify .....

(Signed) T. J. O'Dell, M. D.

(Address) Nevada, 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.