

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.

Feb 20 1935

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, (No. 2746 Lafayette St.

File No. 298

Registered No. 122

St. Ward

2. FULL NAME

Leone Wehrman Akers

(a) Residence, No. 2746 Lafayette St., 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)

Married

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

Donald Akers

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

Oct. 27, 1902

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

32

8 3

0

OCCUPATION

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

At Home.

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)

St. Joseph, Mo.

MOTHER FATHER

13. NAME

William Wehrman

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

Unknown Ger.

15. MAIDEN NAME

Rose Knapp

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

St. Joseph, Mo.

17. INFORMANT (ADDRESS)

Donald Akers
2746 Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE Jan. 29, 1935

19. UNDERTAKER (ADDRESS)

Walter Meierhoffer
1302 Aaron St. St. Joseph, Mo.

20. FILED

1-29

1935

John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 26, 1935, to Jan. 27, 1935

I last saw him alive on Jan. 26, 1935. Death is said

to have occurred on the date stated above, at 8:25 P. M.

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

Date of onset

Chronic nephritis

1931

Other contributory causes of importance:

hypertension
Heart disease by arteriosclerosis?

Name of operation

Date of

What test confirmed diagnosis? Eucly. 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

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)

M. D.
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

