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

Do not use this space.

4003

MAR 4 1935

8 nw

1. PLACE OF DEATH
County Scott — Registration District No. 4496
Township — Primary Registration District No.
City Oran Missouri (No. , St. Ward)

File No.
Registered No.

2. FULL NAME Susan Akley

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

Length of residence in city or town where death occurred 32 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	85	8	19	

OCCUPATION

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

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) Jan. 1935

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) New Hamburg
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Andrew Fornes

14. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY) "

MOTHER

15. MAIDEN NAME Victoria Iserman

16. BIRTHPLACE (CITY OR TOWN) No Records
(STATE OR COUNTRY)

17. INFORMANT Rose Chitty
(ADDRESS) Red Bud Illinois

18. BURIAL, CREMATION, OR REMOVAL Oran Missouri
PLACE Gurdian Angel DATE Jan. 15 1935

19. UNDERTAKER H. F. Stubbs
(ADDRESS) Chaffee Missouri

20. FILED 2/9 1935 J. L. Richman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 1933 to June 13 1934
I last saw her alive on June 13 1934 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	11-33
10730	

Other contributory causes of importance:

Name of operation ~ Date of ~
What test confirmed diagnosis? ~ Was there an autopsy?

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) H. S. Winters, M. D.
(Address) Oran 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Scott

Oran Missouri

Susan Akley

32 3

Female White Widowed

Pete Akley

April 24 1849

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Hosework

"

Jan. 1935 60

New Hamburg Missouri

Andrew Bornes

No Record

Victoria Teerman

No Records

Rose Chitty

Red Bud Illinois

Gurdion Angel Oran Missouri

Jan. 15 35

H. F. Stubbs

Chaffee Missouri