

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.

MAY 8 1935

11541

1. PLACE OF DEATH

County Saline
 Township West Bend
 City West Plains (No. St. Ward)

Registration District No. 801-644
 Primary Registration District No. 44-801

File No.
 Registered No. 18

2. FULL NAME

(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 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Henry Akeman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26, 1860</u>		
7. AGE	YEARS	MONTHS
	<u>74</u>	<u>4</u>
		DAYS
		<u>14</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>at home</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>Jan. 1935</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Collierville, Tenn.</u>
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FATHER	13. NAME <u>W^m M. Smith</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

MOTHER	15. MAIDEN NAME <u>Mary Ballard</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT <u>W^m Masters</u> (ADDRESS) <u>Marshall Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Angel Home</u> DATE <u>Mar 22, 1935</u>

19. UNDERTAKER <u>A. Carter</u> (ADDRESS) <u>Sweet Springs Mo.</u>

20. FILED <u>Mar 22, 1935</u> <u>Rose C. Harmon</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 193522. I HEREBY CERTIFY, That I attended deceased from March 9, 1935 to March 20, 1935I last saw him alive on March 20, 1935 Death is saidto have occurred on the date stated above, at 9:15 a.m.

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

Chronic Coronary Artery Disease Date of onset

Other contributory causes of importance:

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, 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?

If so, specify

(Signed) O. H. Winters, M. D.(Address) Sweet Springs

