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

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.

APR 2 9 1934

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

Do not use this space.

11769

1. PLACE OF DEATH

114 County Wright Registration District No. 907 File No.

Township Pleasant Valley Primary Registration District No. 6220 Registered No. 18

City (No. St. Ward)

2. FULL NAME James W. Ackley

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

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Minnie J. Ackley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 28-1863

7. AGE: YEARS 71, MONTHS 8, DAYS 1. If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

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

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): Mch 27-1935
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Peru Nebraska

FATHER

13. NAME: Eli Ackley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known

MOTHER

15. MAIDEN NAME: Susan Reeves

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

17. INFORMANT: Minnie J. Ackley
(ADDRESS): Mansfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mansfield Cem. DATE: Mar 31, 1935

19. UNDERTAKER: F. G. Stiffe
(ADDRESS): Mansfield

20. FILED April 9, 1935 J. M. D. Short, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1935, to Mar 29, 1935

I last saw h... alive on Mar 28, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Angina Pectoris 2 days.

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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? ...

If so, specify ...

(Signed) J. A. Fuson, M. D.

(Address) Mansfield Mo

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