

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

Do not use this space.

12410

1. PLACE OF DEATH

County Dent
Township Texas
City County (No.)

Registration District No. 1035
Precinct or Irrigation District No. 5372

File No.
Registered No. 11 St. Ward)

2. FULL NAME Thomas Wesley Akins

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 0 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 Susan Causey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 14/1855

7. AGE YEARS 77 MONTHS 8 DAYS 2 If LESS than 1 day, ... hrs. or min.

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

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) Giles CO. Tenn (STATE OR COUNTRY)

13. NAME Riley Akins

14. BIRTHPLACE (CITY OR TOWN) Giles Co. Tenn (STATE OR COUNTRY)

15. MAIDEN NAME Polly Akins

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

17. INFORMANT John Parker (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Berry Cemetry DATE 4/18th 1935

19. UNDERTAKER Carl K. Spencer (ADDRESS) Salem Mo.

20. FILED 4/20 1935 J. A. Kinsack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-20-31 19... to 4-10-35 19... I last saw him alive on 4-10-35 19... Death is said

to have occurred on the date stated above, at 3:35 P.M. The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Other contributory causes of importance:

Chronic Nephritis

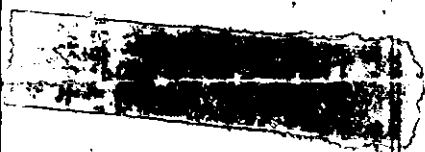
Name of operation no Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 19... Where did injury occur? no

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) L. A. Kinsack M. D.
(Address) no



21
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