

SEP 19 1935

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

Do not use this space.

26060

1. PLACE OF DEATH

County Shacklin
Township Union
City Union (No. 5401)

Registration District No. 282

Primary Registration District No. 5401

File No. 38

Registered No. 38

St. Union Ward 1

2. FULL NAME Anna Irene Acree

(a) Residence, No. Union St. Union Ward 1

(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W.</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>Sam Acree</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 5 1865</u>		
7. AGE <u>70</u>	YEARS <u>70</u>	MONTHS <u>4</u>
	DAYS <u>15</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>House wife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>
	11. Total time (years) spent in this occupation <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

13. NAME Francis Manner

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

15. MAIDEN NAME Malissa Roward

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

17. INFORMANT Samuel P Acree
(ADDRESS) Samuel P Acree R4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roberts Cem DATE Aug 21, 1935

19. UNDERTAKER Landers Funeral Home
(ADDRESS) Cannibal, Mo.

20. FILED Aug 20, 1935 Geo Bruckner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1935, to 8-20, 1935.

I last saw her alive on 8-17, 1935. Death is said

to have occurred on the date stated above, at 2:15 A.M.

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

Carcinoma of pancreas & liver

Date of onset

Other contributory causes of importance

Name of operation none Date of none

What test confirmed diagnosis? Biopsy of pancreas Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? none Date of injury none, 1935

Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

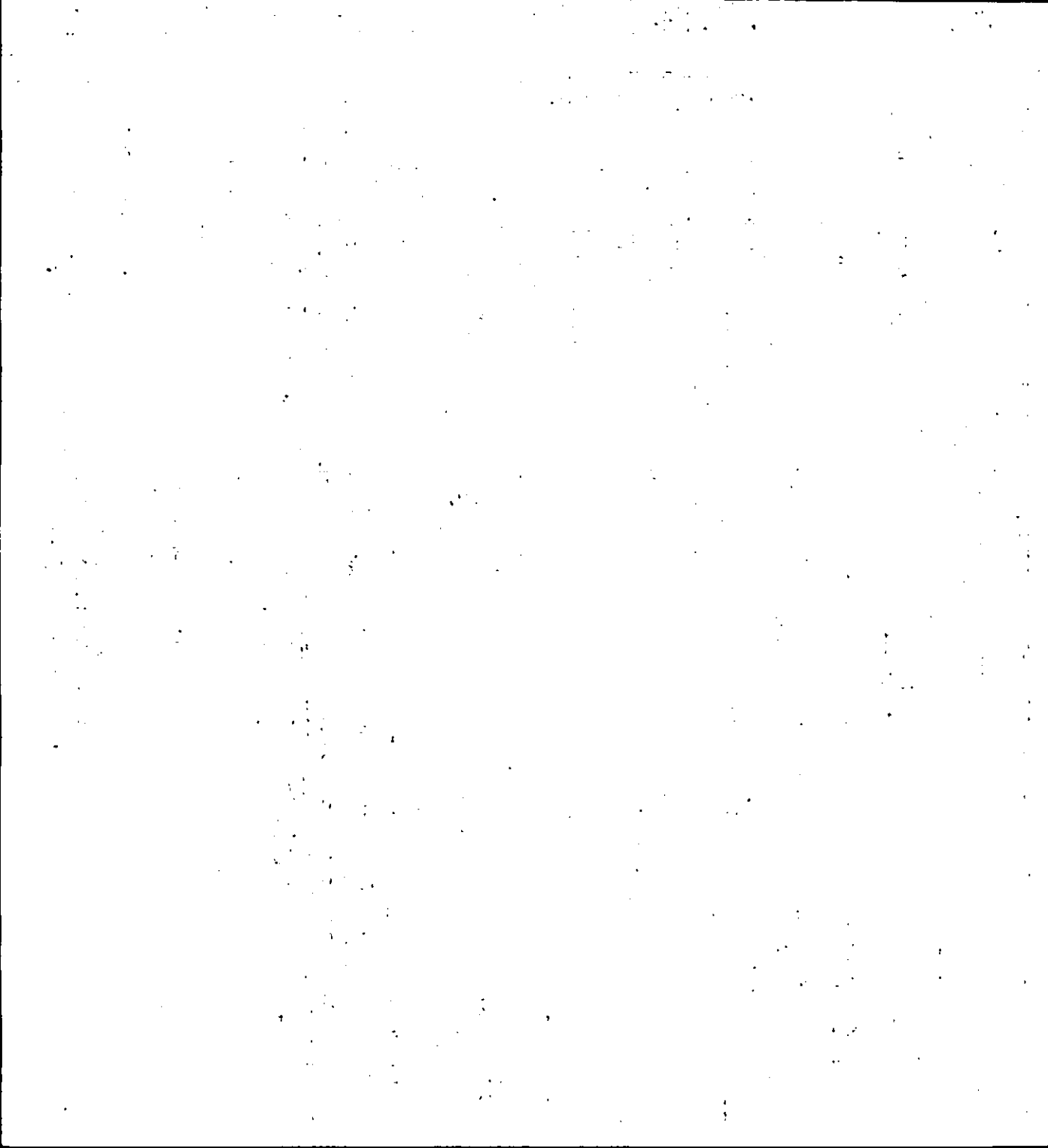
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify none

(Signed) Geo Bruckner, M. D.

(Address) 214 N. Bluff St.



N. B.—Every item of information should be carefully supplied. AGE MUST 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

ALL INFORMATION CALLED FOR HEREON MUST BE WRITTEN ON THIS SUPPLEMENT

1. PLACE OF DEATH

County Cumtlin
Township Union
City Union (No. _____)

Registration District No. 282
Primary Registration District No. 5401

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Laura Gene Acree

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

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

7. AGE

YEARS

MONTHS

DAYS

if LESS than 1 day, hrs. min.

70

4

1

OCCUPATION

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

9. Industry or business in which work was done, as mill, saw mill, 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)

FATHER

13. NAME

MOTHER

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

1928

1928

W. H. Anderson

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from

_____ 19____, to _____ 19____

I last saw him _____ alive on _____ 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Carcinoma of pancreas & liver

Head / pancreatic primary

Sept

Other contributory causes of importance:

None

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) _____, M. D.

(Address) _____

OCT 18 1933

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