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.

NOV 21 1935

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

Do not use this space.

32366

1. PLACE OF DEATH

County: Gentry — Registration District No. 309

Township: — Primary Registration District No. 4185

City: Albany (No. ..., ... St. ..... Ward)

File No. ..... Registered No. 56

2. FULL NAME: Alexander Blakley Akes

(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: Male

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22 1847

7. AGE: Years 88 — Months 2 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

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 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) (STATE OR COUNTRY): Mc Fall, Missouri

FATHER

13. NAME: Henry H. Akes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown, Kentucky

MOTHER

15. MAIDEN NAME: Emily Sego

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co., Missouri

17. INFORMANT (ADDRESS): Emert Akes, Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mc Fall — DATE: Oct. 11, 35

19. UNDERTAKER (ADDRESS): Clifford Brooks, Albany, Mo.

20. FILED: Oct. 10, 1935 — W. T. Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 — 9 —, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 — 5 —, 1935, to 10 — 9 —, 1935

I last saw him alive on 10 — 9 —, 1935. Death is said to have occurred on the date stated above, at 7 p.m.

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

	Date of onset
Mural Thrombosis	10-1-35
Myocarditis	
9281	

Other contributory causes of importance:

Name of operation: 0 — Date of: 0

What test confirmed diagnosis? Clinic — Was there an autopsy? 0

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) Frank P. H. Rose, M. D.

(Address) Albany, Mo.