

DEC 30 1935

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

Do not use this space.

38585

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## 1. PLACE OF DEATH

County BooneRegistration District No. 76

Township

Primary Registration District No. 0717 BCity Hartsburg

(No. )

St.

Ward)

2. FULL NAME Louise Ackman(a) Residence, No. Hartsburg Mo.

(Usual place of abode)

Ward.

(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 Male4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR WIFE OF)Kate Ackman6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.5255

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.farmer9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Hartsburg Mo.

FATHER

13. NAME Eritz Ackman14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)St Louis Mo.

MOTHER

15. MAIDEN NAME Emma Arnsmeier16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Bunkle Mo.17. INFORMANT Kate Ackman  
(ADDRESS) Hartsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hartsburg Mo.DATE Dec 10 3519. UNDERTAKER Buecher Funeral Home  
(ADDRESS) 111 N. 1st St. Hartsburg Mo.20. FILED 12/27

1935

130

H. A. W. Meyer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12. 7, 193522. I HEREBY CERTIFY, That I attended deceased from  
10 - 1, 1935, to 12 - 7, 1935I last saw him alive on 12 - 7, 1935 Death is saidto have occurred on the date stated above, at 10 P. m.

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

Date of onset

Bacterial disease

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? clinical 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?

(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) A. B. Meyer, M. D.(Address) Hartsburg Mo.

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.

RECORD THIS IS A PERMANENT RECORD

