

FEB 3 1936

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

Do not use this space.

39231

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield

(No. 1722 W Nichols)

File No. 655

Registered No. 655

St. Akin

Ward

2. FULL NAME

(a) Residence, No. 1722 W Nichols

(Usual place of abode)

St. Akin

Ward

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

Male

4. COLOR OR RACE

W.

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

Single

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

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

March 18 1907

7. AGE

YEARS

28

MONTHS

8

DAYS

13

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.

Farmer

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)

Douglas County Mo

13. NAME

Wesley B. Akin

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

Douglas County Mo

15. MAIDEN NAME

Mary

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

Missouri

17. INFORMANT (ADDRESS)

Edward J. Akin
Marion Grove Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mountain Grove

DATE

Dec. 5 1935

19. UNDERTAKER (ADDRESS)

Capt. J. J. Akin
Marion Grove Mo

20. FILED

12-5 1935

R. W. Langston

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

12-1

1935

22. I HEREBY CERTIFY, That I attended deceased from

undead, 1935, to 12-1, 1935

I last saw him undead on 12-1, 1935

to have occurred on the date stated above, at 4:30 p.m.

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

Date of onset

Gunshot wound

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

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

Accident, suicide, or homicide? Gunshot Date of injury 12-1, 1935

Where did injury occur? Springfield Greene Mo

(Specify city or town, county, and State)

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

Manner of injury

12 gauge shotgun

Nature of injury

Wound gunshot left thigh

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

If so, specify

(Signed)

Wesley B. Akin

M. D.

(Address)

Springfield Mo

