

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

Do not use this space.

25852

1. PLACE OF DEATH

County Cass

Registration District No. 153

Township Dolan

Primary Registration District No. 5217

City Dolan (No.)

File No.

Registered No. 9

St. Ward)

2. FULL NAME

(a) Residence No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR) WIFE OF

Matthe Akers

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

Nov 25-1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

80

7

16

OCCUPATION

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)

(STATE OR COUNTRY)

Bates Co Mo

FATHER

13. NAME

Rhodes Akers

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Mary Melvina Mahan

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

John S. C. Harrison

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Will's Cemetery

DATE

7/12

1936

19. UNDERTAKER

(ADDRESS)

Ruppelburgers

20. FILED

7-11

1936

Chief Registrar

Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-10

1936

22. I HEREBY CERTIFY, That I attended deceased from

July 2 1936 to July 10 1936

Last saw him alive on July 2 1936 Death is said

to have occurred on the date stated above, at 11:20 P. m.

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

Coronary Sclerosis
and chronic nephritis

Date of onset

Other contributory causes of importance:

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)

J. U. Scott M. D.

(Address) Harrisonville Mo

