

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.

WRITE PLAINLY, WITH OUTLADING INITIALS. THIS IS A PERMANENT RECORD

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

Do not use this space.

33547

1. PLACE OF DEATH

County Andrain  
Township Prarie  
City Ladonna (No. ....)

Registration District No. 24  
Primary Registration District No. 4018

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF John Akridge  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14-1853  
7. AGE YEARS 83 MONTHS 6 DAYS 23 (If LESS than 1 day, .... hrs. or .... min.)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife  
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) Summerfield (STATE OR COUNTRY) Ohio

13. NAME Jacob Giller

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

15. MAIDEN NAME Cliza Bircher

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

17. INFORMANT Mrs. Gabriella Akridge (ADDRESS) Ladonna Mo.

18. BURIAL, CREMATION, OR REMOVAL Mo Oct 1 PLACE Ladonna DATE 1936

19. UNDERTAKER H. S. Pranger (ADDRESS) Ladonna Mo.

20. FILED 9-30 1936 W. K. McEall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18 1936 to Sept. 27 1936

I last saw her alive on Sept. 25 1936 Death is said

to have occurred on the date stated above, at 9 A. m.

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

Endocarditis Don't  
Myocarditis know

93d

Other contributory causes of importance:  
Arteriosclerosis

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? .... 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) W. K. McEall , M. D.

(Address) Ladonna Mo.

★ MAY 27 1955