

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.

OCT 21 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

35246

## 1. PLACE OF DEATH

County PolkRegistration District No. 654Township 2Primary Registration District No. 4408City Bowling Green (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 45

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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 Alice Akers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13 1934

7. AGE YEARS 78 MONTHS 7 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Virginia13. NAME Wm Akers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Elizabeth Altizer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. E. Akers (ADDRESS) Bowling Green, Mo.18. BURIAL, CREMATION, OR REMOVAL Edgewood Cemetery 9-29-193619. UNDERTAKER Grace Bankhead (ADDRESS) Bowling Green, Mo.20. FILED 26-104 19 36 Wm J. Sumner Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28, 193622. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1936, to \_\_\_\_\_, 1936I last saw him alive on Sept 25, 1936 Death is saidto have occurred on the date stated above, at 4 p. m.

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

Uremia

Date of onset

9/2/36Other contributory causes of importance: Chronic interstitialnephritis

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 \_\_\_\_\_, 1936

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) I. M. Mathews, M. D.(Address) Bowling Green, Mo.

