

NOV 28 1936

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

Do not use this space.

38022

## 1. PLACE OF DEATH

County Jasper  
Township Jackson  
City None (No. ....)

Registration District No. 409  
Primary Registration District No. 2263A

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

## 2. FULL NAME

Sarah Fannie Ackerman  
(a) Residence, No. Joplin, Mo. St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred x yrs. 5 mos. 3 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1, 1867</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>3</u>
	DAY <u>2</u>	IF LESS than 1 day, .....hra. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rooming House</u>	
	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) <u>Near Nevada Missouri</u>		
FATHER	13. NAME <u>Robert Horton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Magown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>	
17. INFORMANT (ADDRESS) <u>J. A. Troutman Carthage, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mountain View Cemetery DATE <u>Oct 7, 1936</u></u>		
19. UNDERTAKER (ADDRESS) <u>Lampier Mortuary 1502 Joplin St. Joplin, Mo.</u>		
20. FILED <u>Oct 7, 1936</u> <u>S. P. Sullivan</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1-35, 19....., to 10-3-36, 19.....  
I last saw her alive on 10-3-36, 19..... Death is said to have occurred on the date stated above, at 1:15 P m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset  
Cerebral Embolus 10-2-36  
Other contributory causes of importance:  
C coronary Thrombosis 8-1-36

Name of operation ..... Date of .....  
What test confirmed diagnosis? Exam Was there an autopsy? Yes

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) Walter McHarris M. D.  
(Address) Carthage Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

