

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.

JAN 29 1937

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

Do not use this space.

44295

1. PLACE OF DEATH

County Dunklin
Township Independence
City (No.)

Registration District No. 288
Primary Registration District No. 5466

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Charity Ashford Akers- 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>L. J. Akers-</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1893-</u>		
7. AGE <u>About 43</u>	YEARS <u>Exact date</u>	MONTHS <u>Unknown</u>
DAYS <u>Unknown</u>		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</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>New Madrid Mo.</u>

13. NAME <u>Jane Ashford-</u>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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15. MAIDEN NAME <u>Allie Callie</u>
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16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
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17. INFORMANT <u>L. J. Akers-</u> (ADDRESS) <u>Keenett, Mo.</u>

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>Dec. 24 '36</u>

19. UNDERTAKER <u>Baldwin Funeral Home</u> (ADDRESS) <u>Independence, Mo.</u>

20. FILED <u>Jan 2 1937</u> <u>Thelma Davis</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1936, to 12-23, 1936.
I last saw her alive on 10-16, 1936. Death is said to have occurred on the date stated above, at 1-11 a.m.
The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis
Myocardial
Failure
Date of onset

Other contributory causes of importance:

Malignant
Hypertension

Name of operation no Date of no
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, 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. H. Keen, M. D.
(Address) Keenett, Mo.

JUL 27 1950