

MAR 29 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9317

1. PLACE OF DEATH

County WorthRegistration District No. 101Township NorthPrimary Registration District No. 6511City St. Louis, Mo. (No. 101)File No. 9317Registered No. 9317St. 101 Ward 1012. FULL NAME Helen A. Ackley(a) Residence, No. 101 St. 101 Ward 101

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF Martin A. Ackley6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1859

7. AGE

YEARS 86MONTHS 7DAYS 9If LESS than 1 day, 0 hrs. 0 min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trained by self9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trained by self10. Date deceased last worked at this occupation (month and year) January 19, 193711. Total time (years) spent in this occupation 1312. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.13. NAME John Maple14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington, Del.15. MAIDEN NAME Wilmington16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington, Del.17. INFORMANT (ADDRESS) Phil Ackley, 101 St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo.DATE 2/21

1937

19. UNDERTAKER (ADDRESS) Wich G. Duffee, 101 St. Louis, Mo.20. FILED 3-8

1937

Fred Mull

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1937, to Feb 18, 1937I last saw her alive on Feb 18, 1937 Death is saidto have occurred on the date stated above, at 7:00 am.

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

Date of onset

Acute CholecystitisOther contributory causes of importance: 13Cardiac-Vascular renal diseaseName of operation Cholecystectomy Date of Feb 18, 1937What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury Feb 18, 1937Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No(Signed) J. H. Smith, M. D.(Address) St. Louis, Mo.

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.

