

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

Do not use this space.

**MAY 28 1937**

16965

**1. PLACE OF DEATH**

County Marion  
Township Marion  
City Hannibal (No. Turning Hospital 1)

Registration District No. 547  
Primary Registration District No. 3129

File No. \_\_\_\_\_  
Registered No. 138  
St. 24 Ward \_\_\_\_\_

**2. FULL NAME**

James B. Akright  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward 2  
(Usual place of abode)

Barry, Ill.  
(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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 3 25  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bennett, Ill.  
13. NAME Samuel Akright  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peun.  
15. MAIDEN NAME Susan Sparrow  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Alia Taylor Barry, Ill.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Barry, Ill. DATE April 26, 1937

19. UNDERTAKER (ADDRESS) Per P. Schwartz Hannibal, Mo.  
20. FILED April 26 1937 J. C. Fisher Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1937  
22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937 to April 25, 1937  
Last saw him alive on April 25, 1937 Death is said to have occurred on the date stated above, at 6:00 P. M.  
The principal cause of death and related causes of importance were as follows:

Right Lobar Pneumonia  
Chr myocarditis  
Other contributory causes of importance: 108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chr 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 \_\_\_\_\_  
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. Keck M. D.  
(Address) 1101 Park Street, Hannibal, 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.

