

AUG 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson
 Township Meramec
 City St. Joseph (No. 2)

Registration District No. 425
 Primary Registration District No. 5580

File No. 27562
 Registered No. 43

2. FULL NAME

(a) Residence, No. St. Joseph's Hill Infirmary, Eureka, Mo.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>24 Sept</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/17/1881</u>		
7. AGE <u>55</u>	YEARS <u>9</u>	MONTHS <u>7</u>
8. TRADE, PROFESSION, OR PARTICULAR kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) <u>9.1.6</u>		11. Total time (years) spent in this occupation

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) <u>9.1.6</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren County, Tennessee</u>

13. NAME <u>Deas Napoleon Akers</u>
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14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barren Co. Tenn</u>
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15. MAIDEN NAME <u>Anna Brown</u>

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co. Tenn</u>
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17. INFORMANT <u>St. Joseph's Hill Infirmary, Eureka, Mo.</u>
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18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lakewood Park Cemetery, St. Louis County, Mo.</u>
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19. UNDERTAKER <u>H. C. H. Langhlin</u>
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20. FILED <u>2 July 37</u>

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7/1/1937</u>

22. I HEREBY CERTIFY, That I attended deceased from <u>June 20, 1937, to June 27, 1937</u>

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>June 20, 1937</u>
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24. Was disease or injury in any way related to occupation of deceased? If so, specify <u>Jeane S. Sargent</u> M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7/1/1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 20, 1937, to June 27, 1937</u>
I last saw him alive on <u>June 20, 1937</u> . Death is said to have occurred on the date stated above, at <u>6:30 a.m.</u>
The principal cause of death and related causes of importance were as follows:

Tuberculosis of the Lungs

Other contributory causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury June 20, 1937

Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

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

If so, specify Jeane S. Sargent M. D.

(Address) Eureka, 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.

APR 7 1943