

AUG 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Wright*
Township *Wm Grove*
City *Homer* (No. *908*)

Registration District No. *908*
Primary Registration District No. *6222*

File No. *28666*
Registered No. *37* St. *37* Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *14* 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

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 29 - 1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

14

9

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Student

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)

Norwood Mo.

13. NAME

Homer J. Akers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mansfield Mo.

15. MAIDEN NAME

Grace Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Nelson Okla.

17. INFORMANT (ADDRESS)

Homer J. Akers

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Shomes

DATE

7-9-

1937

19. UNDERTAKER (ADDRESS)

Botten Funeral Home

20. FILED

7-28-1937 Bermer Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-7-1937

22. I HEREBY CERTIFY, That I attended deceased from

viewed the body

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at *11 A.M.*

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

Accidental gunshot wound in right side of head inflicted by gunshot while playing with rifle at home

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

Accident, suicide, or homicide? *Accident* Date of injury *7-7-1937*

Where did injury occur? *Norwood Wright Co. Mo.*

(Specify city or town, county, and State)

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

at home

Manner of injury

Nature of injury

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

If so, specify

(Signed)

George Stapp (Coroner)

(Address)

1111 Shawnee

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.

