

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1001  
City ST. JOSEPH, (No. 824 NORTH 17TH ST., St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 44786  
Registered No. 1391

2. FULL NAME FANNY AKERS

(a) Residence, No. 824 NORTH 17TH ST., St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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) JULY 2, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. STENOGRAPHER FOR  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WM. VOLKER AND CO.  
10. Date deceased last worked at this occupation (month and year) YEARS AGO 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) CASS Co. (STATE OR COUNTRY) MISSOURI

MOTHER 13. NAME ANDREW J. AKERS

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) KENTUCKY,

15. MAIDEN NAME MARTHA RHODES

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

17. INFORMANT ELIZABETH BLACKBURN, (ADDRESS) 824 NORTH 17TH ST.

18. BURIAL, CREMATION, OR REMOVAL Tanias City, Mo. PLACE FOREST HILL CEMETERY DEC. 21, 1937

19. UNDERTAKER FLEEMAN & SON INC. (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED Dec. 20 1937 H. J. Beattie Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 19, 1937.

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1937, to Dec 12, 1937

I last saw her alive on Dec 12, 1937. Death is said to have occurred on the date stated above, at 8:00 AM.

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

Date of onset 12-12-37

Other contributory causes of importance:  
none

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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? no  
If so, specify \_\_\_\_\_  
(Signed) H. A. Kearney \_\_\_\_\_, M. D.  
(Address) St. Joseph, 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.

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