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.

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

Do not use this space.

1. PLACE OF DEATH
County Saline — Registration District No. 796 — File No. 4259
Township — Primary Registration District No. 3038 — Registered No. 19
City Marshall (No. ..... St. ..... Ward)

2. FULL NAME William Ernest Akeman
(a) Residence, No. 792 West Morgan St., ... Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Viola Belle Akeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	3	15	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Saline County Missouri

FATHER

13. NAME Peter Akeman

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

MOTHER

15. MAIDEN NAME Emily Jane Harris

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

17. INFORMANT (ADDRESS) Mrs Viola B. Akeman Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cem. DATE Jan. 28, 1938

19. UNDERTAKER (ADDRESS) Campbell-Lewis Funeral Home Marshall, Mo.

20. FILED 1-28, 1938 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1938 to Jan 27, 1938
Last saw h[illegible] alive on Jan 26, 1938 Death is said to have occurred on the date stated above, at 8 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chronic	
Interstitial	1937

Other contributory causes of importance:

Lt Kidney Stone	1934

Name of operation — 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? — 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) W. H. Summers, M. D.
(Address) Marshall Mo