

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19101

1. PLACE OF DEATH

County Remick
 Township Hatch
 City Hatch (No. 262)

Registration District No. 653
 Primary Registration District No. 4390

File No. 19101
 Registered No. 38
 St. Hatch Ward 262

2. FULL NAME Janice Ann Akers

(a) Residence No. 262
 (Usual place of abode)

St. Hatch Ward 262

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 1935

7. AGE YEARS 2 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

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

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) Hatch (STATE OR COUNTRY) mo.

13. NAME Mofford Akers

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

15. MAIDEN NAME Jonias Tamastus

16. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) mo.

17. INFORMANT Mofford Akers (ADDRESS) Hatch, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hatch, Mo. DATE 4-29-38

19. UNDERTAKER Ray and Co. (ADDRESS) Hatch, Mo.

20. FILED 5-12-38 REGISTRAR Joe Rhodes

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

22. I HEREBY CERTIFY, That I attended deceased from April 27 12³⁰ am 1938 to April 27 7³⁰ am 1938
 I last saw him alive on April 27 7³⁰ am 1938. Death is said to have occurred on the date stated above, at 7³⁰ a.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributory causes of importance:

measles
fever

Name of operation

What test confirmed diagnosis? S/S 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?

If so, specify (Signed) Asphiness, M. D.

(Address) Hatch, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

