

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

21510

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125
(b) Township 125 Primary Registration District No. 319 Registered No. 172
(c) City Cape Girardeau (d) Street No. A. E. M. Taylor St. 172
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Claude William Akins St. Cantlersville Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1929
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 8 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Student
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) Kingfolks Ridge, Mo.

13. NAME Hamp P. Akins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Ava Franks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dyersburg, Tenn.

17. INFORMANT (ADDRESS) Mrs. H. P. Akins

18. BURIAL, CREMATION, OR REMOVAL PLACE Cantlersville DATE 6-23-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cantlersville Mo.

20. FILED 6-22-1938 M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-22-38 to 6-22-38

I last saw him alive on 6-22-38 Death is said

to have occurred on the date stated above, at 3:00 p. m.

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

Ruptured Gangrenous Appendicitis with Generalized Peritonitis
Other contributory causes of importance:
121

Name of operation Appendectomy Date of 6-22-38

What test confirmed diagnosis? Periton 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) A. B. Akins M. D.

(Address) Cape Girardeau Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.