

REC'D DEC 16 1938

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

Do not use this space.

38533

1. PLACE OF DEATH
7 County Cates 2 Registration District No. 51
Township Howard 1 Primary Registration District No. 4030
City Hume (No. St. Ward) 5
6 2. FULL NAME ARTHUR LESTER ACKERMAN
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Julia Ackerman (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1877
7. AGE YEARS 61 MONTHS 4 DAYS 23 If LESS than 1 day, hrs. or min.

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Monteerrate 5 (STATE OR COUNTRY) Missouri

13. NAME Jas T. Ackerman

14. BIRTHPLACE (CITY OR TOWN) N.C. 1 (STATE OR COUNTRY)

15. MAIDEN NAME Susan Belata Stultz

16. BIRTHPLACE (CITY OR TOWN) N.C. 1 (STATE OR COUNTRY)

17. INFORMANT Alfred Ackerman (ADDRESS) Hume Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hume Cemetery DATE Nov 25 1938

19. UNDERTAKER P. W. McConnell & Son (ADDRESS) Hume Mo

20. FILED Nov 28 1938 Fern H Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 1938

22. I HEREBY CERTIFY That I attended deceased from Nov 20 1938 to Nov 23 1938

I last saw him alive on Nov 22 1938 Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Angina Pectoris

Date of onset: Nov 22/38

Other contributory causes of importance:

Arteriosclerosis

1937

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 No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H. Allen Jr. M. D. (Address) Hume Mo

54

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 7-38-436

Date Filed 12-5-38