

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

10669

Do not use this space.

REC'D APR 15 1939

1. PLACE OF DEATH

(a) County Dent(b) Township Spring Creek(c) City SalemRegistration District No. 266Primary Registration District No. 4164Registered No. 28

(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 Susan Akins(a) Residence, No. Salem, Missouri

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Thomas Akins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1,
day, hrs.
or min.

79

11

29

OCCUPATION

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

At Home

9. Industry or business in which work was done, as 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)
(STATE OR COUNTRY) Dent County
Missouri13. NAME John Causey14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri15. MAIDEN NAME Elizabeth Paul16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Missouri17. INFORMANT Pearl Parker
(ADDRESS) Salem, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Berry, Cemetery DATE 4/1/3919. FUNERAL DIRECTOR Carl K. Spencer(ADDRESS) Salem, Missouri20. FILED April 1, 1939

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from

2/23/39, 1939, to Mar. 29, 1939I last saw Mar. 29, 1939. Death is saidto have occurred on the date stated above, at 12 (noon)

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

Cardiovascular Disease

Date of onset

1937

Other contributory causes of importance

Chronic Bronchitis
Pneumonia19381939Name of operation PhysicWhat test confirmed diagnosis? Physic

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) Roy H. Kunk(Address) Salem, Mo.

STATEMENT BY LICENSED EMBALMER

I, William W. McDonald, Licensed Embalmer No. 3806

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L: E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

William W. McDonald

Licensed Embalmer No. 3806

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.)