

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

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.

APR 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County Ripley
Township Douglas
City Douglas

Registration District No. 750
Primary Registration District No. 4451

File No. 12066
Registered No. 1587
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(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. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Edie J. Taylor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-25-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
51 — 7

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

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

10. Date deceased last worked at this occupation (month and year) March 1939 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Emil Acreback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

15. MAIDEN NAME Ruthman

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

17. INFORMANT Emil Acreback - Son
(ADDRESS) Douglas Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE H-2-1939 DATE April 1939

19. UNDERTAKER for Son
(ADDRESS) Douglas

20. FILED 4-2-39 C. B. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/28/39 to 4-1-39

I last saw him alive on March 4-1-1939. Death is said

to have occurred on the date stated above, at 4:10 m.

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

Date of onset

acute Valvular Heart Disease

3/28/39

Other contributory causes of importance:

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 Cliffport, Jefferson

(Signed) Douglas Mo. M. D.

(Address) _____

