

JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21999

Do not use this space.

1. PLACE OF DEATH

(a) County Deerfield Registration District No. 288
 (b) Township Summit Primary Registration District No. 4172 Registered No. _____
 (c) City Summit (d) Street No. _____ St. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

262 Nellie Marie Akers
 (a) Residence, No. 504 N. Jackson St. Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24-39
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 26

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo.

13. NAME Boyle Mireoge Akers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Anna Mae Kirby

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

17. INFORMANT (ADDRESS) Boyle Mireoge Akers
Kennett

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 6-19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lantz and Co.
Kennett

20. FILED 6-19 1939 Whitcomb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1939
 22. I HEREBY CERTIFY That I attended deceased from April 24 1939 to June 19 1939
 I last saw her alive on June 19 1939 Death is said to have occurred on the date stated above, at 12:20 m.
 The principal cause of death and related causes of importance were as follows:

Elderly cutitis June 16-39
11/1/39

Other contributory causes of importance:
Primordial Birth
7 7110

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 George G. Ginn
 (Signed) George G. Ginn (Address) Summit Mo.

ATTENTION TO DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
STATE OF TEXAS

RECEIVED

District Health Officer No. 3,

District File Number 789-48

Date Filed 7/10/89

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.