

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JUL 6 1939

1. PLACE OF DEATH

County **Howell**

Township

City **Pomona, Mo.**

(No.)

Registration District No. **387**Primary Registration District No. **5541A**File No. **22258**

Registered No.

St.

Ward)

2. FULL NAME **245 William Aaklin.**

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **12** yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF**Sarah Jane Smith**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 7th.**

7. AGE

YEARS **84**MONTHS **1**DAYS **22**

If LESS than 1 day, hrs. min.

OCCUPATION

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

Retired 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) (STATE OR COUNTRY)

New York State

FATHER

13. NAME

Dont Know

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

Dont Know.

MOTHER

15. MAIDEN NAME

Dont Know

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

Dont Know.

17. INFORMANT (ADDRESS)

**George Pickling
4914 Lumber St. Loomis**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Lost Camp.**DATE **June 30th 39**

19. UNDERTAKER (ADDRESS)

Burnas & Son.**Willow Springs, Mo.**

20. FILED

19.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 29**, 19**39**

I HEREBY CERTIFY that I attended deceased from

June 19, 1939, to June 29, 1939.I last saw him alive on **June 24, 1939** Death is saidto have occurred on the date stated above, at **12:15 p.m.**

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

Date of onset

Chronic

Other contributory causes of importance: **59.**

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

(Signed) **W. A. Pickling** M. D.(Address) **Willow Springs, Mo.**

Don't miss the
new book
"The Art of the
Book" by
John D. C. Jones

3011

Chlorine

1000

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22258
Do not use this space.

1. PLACE OF DEATH

(a) County Howell
(b) Township Dry Creek
(c) City Pomona

Registration District No. 387
Primary Registration District No. 25-40 A

Registered No.

(d) Street No.
(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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Acklin

(a) Residence, No. St. ☐ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7th 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 1 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
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) New York State

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George Cavellin
4917 Helburn St Louis mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Last Camp DATE 6-30 1938

19. FUNERAL DIRECTOR (ADDRESS) Burnes & Son
Willow Springs mo

20. FILED 7-31- 1938 Dora Page
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1939

I HEREBY CERTIFY, That I attended deceased from June 19 to June 25, 1939
I last saw him alive on June 25, 1939. Death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance were as follows:

Diploetes (chronic) Date of onset

Other contributory causes of importance:

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
(Signed) J. J. Cavalier, M. D.
(Address) Willow Springs mo

