

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

Do not use this space.

40404

1. PLACE OF DEATH
 County Henry Registration District No. 14
 Township Attingham Primary Registration District No. 4211
 City Windsor (No. _____) St. _____ Ward _____

2. FULL NAME William A. Ackers
 (a) Residence. No. South main St. 2 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U.S., if of foreign birth? 60 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Surah Ackers
 (Last name)
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 - 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 " 8 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Praden Germany
 (STATE OR COUNTRY)
 10. NAME OF FATHER Math Ackers
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Richter
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Welford Ackers
 (Address) Breswange mo.
 15. FILED Jan 1, 1930
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1929
 17. I HEREBY CERTIFY That I attended deceased from Sept 20 1929 to Dec 31 1929
 (that I last saw him alive on Dec 31 1929 and that death occurred, on the date stated above, at 11:30 AM m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis of
stomach
 46E (duration) yrs. mos. da. 3
 CONTRIBUTORY 44B
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 Did AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical X Ray
 (Signed) J. J. Johnson M. D.
 -1, 1930 (Address) Windsor, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Windsor, Mo. DATE OF BURIAL Jan 2 1930
Harvey Ackers ADDRESS Calhoun
 20. UNDERTAKER J. C. Housley
J. S. Carter Pharmacia Windsor

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.

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