

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.

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

Do not use this space.

37473

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
Township _____ Primary Registration District No. 3018 Registered No. 121
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Sarah Ackerman
(a) Residence, No. South Washington Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Ackerman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1889
7. AGE YEARS 42 MONTHS 3 DAYS 26 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home work
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) Ohio

13. NAME Solomon Trubell

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

15. MAIDEN NAME Mary Carbert

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

17. INFORMANT (ADDRESS) Mrs Ed Spore

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 11/23 1931

19. UNDERTAKER (ADDRESS) Spore
Clinton mo

20. FILED 11/23 1931 Ed C. Peckol
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/21 1931

22. I HEREBY CERTIFY, That I attended deceased from 11/16 1931 to 11/21 1931
I last saw her alive on 11/20 1931 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
138 93
Other contributory causes of importance:
Cerebral Hemorrhage
Date of onset _____

Name of operation 300 Date of _____
What test confirmed diagnosis? Paralysis 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 _____
(Signed) R. S. Helling
(Address) Clinton mo.

ASC 22 1931

