

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.

JUN 21 1935

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

Do not use this space.

19558

1. PLACE OF DEATH

County Henry
Township Shawnee
City..... (No.....)

Registration District No. 358
Primary Registration District No. 5502

File No.....
Registered No. 8 Ward.....

2. FULL NAME

Jo Ann Akers
(a) Residence No..... St..... Ward.....
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13 1932</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>1</u>	<u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shawnee Mo</u>		
MOTHER FATHER	13. NAME <u>H R Akers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Clair Mo</u>	
	15. MAIDEN NAME <u>Cles M Hart</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Clair Mo</u>	
17. INFORMANT (ADDRESS) <u>H R Akers Clinton Mo RA</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Long City</u> DATE <u>6/3/35</u>		
19. UNDERTAKER (ADDRESS) <u>Cons Church Beck Clinton Mo</u>		
20. FILED <u>June 5 1935</u> <u>E. D. Tibbels Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1935, to 6-2, 1935.
I last saw her alive on 6-2, 1935. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:
Gastro-Enteritis
119B
Other contributory causes of importance:
Fracture of right femur

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) H. S. Walpus, M. D.
(Address) Clinton Mo

6.