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

Do not use this space.

17087

1. PLACE OF DEATH

County Ray — Registration District No. 744 — File No. 49

Township Richmond — Primary Registration District No. 3035 — Registered No.

City Richmond (No. ..... St. ..... Ward)

2. FULL NAME George A Acree

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Wh	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah C Acree

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	8	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work miner

(b) General nature of industry, business, or establishment in which employed (or employer) ——

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ——
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Nathan Acree

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ——
(STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Sarah Acree
(Address) Richmond R F D

15. FILED 6-20, 1930 E. E. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23-30 1:50 A M 19

17. I HEREBY CERTIFY, That I attended deceased from March 1930, 19..., to May 23rd 1930, 19..., that I last saw him alive on May 23rd 1930, 19..., and that death occurred, on the date stated above, at 1.50 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Abdominal Dropsy Caused From Chronic Heart Disease

95B (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Abdominal Dropsy

(duration) 6 yrs. 6 mos. ..... ds.

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? Cardiac Failure Caused By Accumulating of Water

(Signed) [signature], M. D

, 19 (Address) Henrietta, Missouri

*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 Cyty Com Richmond Mo — DATE OF BURIAL 5-25 30 19

20. UNDERTAKER A. [illegible] — ADDRESS RICHMOND MO.

[signature]

IN 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.

JUL 25 1930