

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

Do not use this space.

23462

1. PLACE OF DEATH
 4th County Jasper Registration District No. 408
 5th Township Mason Primary Registration District No. 2020
 7 City Carthage (No. _____) St. _____ Ward _____
 2. FULL NAME Jane Miller Ackerman
 (a) Residence No. 1129 S. Main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 408

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ackerman
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1863
 7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
70 1 10
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jeddo Co.
 (STATE OR COUNTRY) Illinois
 10. NAME OF FATHER Henry Row
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Huffman
 (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Mary Isaac
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Huffman
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Margaret Meredith
 (Address) Lawrence City, Mo.
 15. FILED July 13, 1933 S. B. Clinton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10, 1933
 17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932, to July 9, 1933, that I last saw her alive on July 7, 1933, and that death occurred, on the date stated above, at 1:30 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
Arteriosclerosis
 (duration) 9 2/3 yrs. 7 mos. 11 ds.
 CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? about a year ago DATE OF _____
 WAS THERE AN AUTOPSY? no horns reduced
 WHAT TEST CONFIRMED DIAGNOSIS clinical
 (Signed) E. D. Hatcher, M. D.
 (Address) 336 Grant Carthage

*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 Oak Hill Cemetery DATE OF BURIAL July 14, 1933
 20. UNDERTAKER Knell Mortuary ADDRESS Carthage

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.

AUG 26 1934

WHITE PLAINLY, WITH UNFADING INK—THIS IS AN IMPERMANENT RECORD

