

203 2 1935

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

Do not use this space.

1. PLACE OF DEATH
County Dunklin Registration District No. 288
Township _____ Primary Registration District No. 5406
City Kennett (No. 4172) St. _____ Ward _____

2. FULL NAME Mary Kirschclift Akers
(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.

File No. 790
Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Akers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
15 7 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Illinois

13. NAME Lou Kirschclift

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Ray Akers
(ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hazel DATE Jan 19 35

19. UNDERTAKER Baldwin Funeral Home
(ADDRESS) Kennett, Mo

20. FILED 2-1- 19 35 Hubert
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-21- 1934 to 1-19- 1935
I last saw her alive on 1-18- 1935. Death is said to have occurred on the date stated above, at 1-2 m.
The principal cause of death and related causes of importance were as follows:
Acute nephritis Date of onset _____

Other contributory causes of importance:
1. Secondary anemia
2. Myocardial infarct

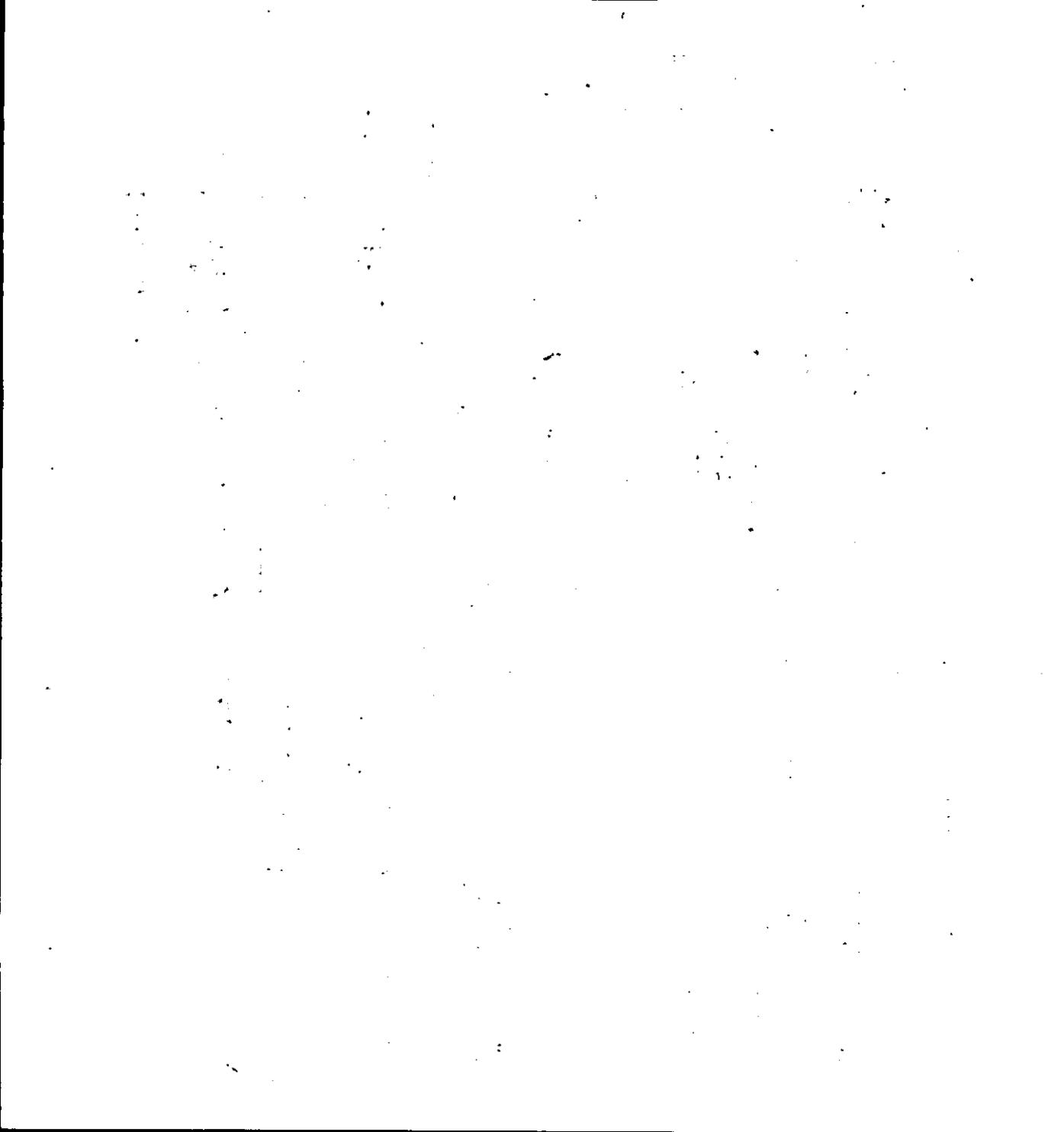
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? _____
If so, specify _____
(Signed) J. H. Kerney M. D.
(Address) Kennett, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



MAY 24 1935

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

ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATHCounty DunklinRegistration District No. 288

Township

Primary Registration District No. 4172

City

(No.)

St. Ward)

2. FULL NAMEMary Hinchcliff (Akers)

(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 <u>F</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>15</u>	<u>7</u>	<u>30</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 2-1- 1935 - Whitcomb Registrar**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19....., to....., 19.....

I last saw him/her live on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

acute nephritis.

Date of onset

Other contributory causes of importance:

toxemia of pregnancy

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) Whitcomb, M. D.

(Address).....

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MAY 4 1984