

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

Do not use this space.

17087

1. PLACE OF DEATH

County Ray
Towship Richmond
City Richmond (No., St., Ward)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward

2. FULL NAME George A Acree

(a) Residence. No. St. Word.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da.

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Wh

5. SINGLE, MARRIED, WIDOWED OR

Married (write the word)

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

79

8

12

day, hrs.
or min.

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

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
(Address)

Mrs Sarah Acree
Richmond R F D

15.

FILED

6-20-30 E. E. Ly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23rd 1930

17. 1:50 A M

I HEREBY CERTIFY, That I attended deceased from March 1930 1930 to May 23rd 1930, 1930, and that I last saw him alive on May 23rd 1930, 1930, 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 Chro
nic Heart Disease

95B

(duration) 2 yrs. mos. da.

CONTRIBUTORY Abdominal Dropsy
(SECONDARY)

(duration) 6 yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. 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. Mansour

ADDRESS

RICHMOND MO.

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

1/5

2

3/1

