

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

Do not use this space.

9738

1. PLACE OF DEATH
 89 County Ray Registration District No. 744
 6 Township Richmond Primary Registration District No. 3035
 4 City Richmond (No.) St. Ward
 2. FULL NAME Fannie R. B. Akers
 (a) Residence. No. St. Ward. (If nonresident, give city or town and State)
 (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.

File No.
 Registered No. 23

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (use only one word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. housewife 235
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Robt J. Smith

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

12. MAIDEN NAME OF MOTHER Mary Nowlin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Robt Hughes
 (Address) Richmond Mo.

15. FILED 3-19-32 1932 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1932 19

17. I HEREBY CERTIFY, That I attended deceased from May 1931, to Mar 15 1932 that I last saw him alive on Mar 15 1932, and that death occurred, on the date stated above, at 2:45 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's disease

CONTRIBUTORY (SECONDARY) 1329 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS home
 (Signed) E. E. Gay M. D.

3/19, 1932 (Address) Richmond Mo

*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 Lexington Mo. DATE OF BURIAL 3-19-32 19

20. UNDERTAKER E. M. Gormin ADDRESS Richmond Mo.

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.

APR 28 1932

