

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

Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH
County Ray Registration District No. 744
Township 1 Primary Registration District No. 3035
City Richmond St. _____ Ward _____
2. FULL NAME Mr John Thomas 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. 7613
Registered No. 205
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7th 1858
7. AGE YEARS 79 MONTHS 4 DAYS 0
If LESS than 1 day, _____ hrs. or _____ min.
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. L
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) Camden Ray Co. Mo.
13. NAME James R Akers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Melinda Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT Mrs Mary Harrison
(ADDRESS) Richmond Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lynchburg Va. DATE Feb. 9 1939
19. UNDERTAKER (ADDRESS) G. W. Mansur 668 Richmond Mo.
20. FILED 31 1939 39 Mansf. M. Donald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1939 to Feb 7 1939
I last saw h. live alive on Feb 7 1939 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:
Carcinoma of Stomach Date of onset _____
Other contributory causes of importance: 46
Name of operation None Date of _____
What test confirmed diagnosis? Biopsy 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? No
If so, specify _____ (Signed) E. D. Green _____, M. D.
(Address) Richmond Mo.

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

RECEIVED
District Health Officer No. 8,
District File Number
3/3/39
Date Filed