

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

Do not use this space.

30847

DEC 23 1930

**1. PLACE OF DEATH**

County Montgomery  
Township Walker  
City California (No. ....)

Registration District No. 571  
Primary Registration District No. 4335

File No. ....  
Registered No. 63  
St. .... Ward)

**2. FULL NAME** Garrial L. Ackerman

(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 - 1842

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>88</u>	<u>5</u>	<u>12</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Croper Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Ackerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Stuckey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill  
(STATE OR COUNTRY)

14. INFORMANT Mrs George M Cairg  
(Address) California Mo

15. FILED Nov 28, 1930 Jessie Keith  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 27 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 1 - 7 - 1929 to 11 - 27 - 1930 that I last saw him alive on 11 - 25 - 1930, and that death occurred, on the date stated above, at 7 A m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterio Sclerosis

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A. K. Popejoy, M. D.

11-28-1930 (Address) California 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 Old Town Cemetery DATE OF BURIAL 11/28 1930

20. UNDERTAKER William Fred Meyer ADDRESS California

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.

