APR 24 1929

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

Do not use this space.

File No. 9935

Registered No.

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Saddler St Hosp Primary Registration District No. 3009
City Cape Girardeau (No. 20 East Mo Hospital St. Ward)

2. FULL NAME Francis Helen Ackman

(a) Residence. No. (Usual place of abode) Neely Landing St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18th 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	8	20	

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

9. BIRTHPLACE (CITY OR TOWN) Neely Landing Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Thomas Ackman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Neely Landing Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Effie Foster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Birds Point Mo
(STATE OR COUNTRY)

14. INFORMANT Mr Thomas Ackman
(Address) Neely Landing Mo

15. FILED 3/30 1929 W A Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 30th 1929

17. I HEREBY CERTIFY, That I attended deceased from March 28, 1929, to March 30, 1929, that I last saw h.. alive on Mar 29, 1929 and that death occurred, on the date stated above, at 5:43 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General sepsis following peritonitis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Ruptured gangrenous appendicitis

(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Neely's Landing, Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 28/29

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Surgical findings

(Signed) G B Schulz, M. D.

3/30, 1929 (Address) Cape Girardeau 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	DATE OF BURIAL
New Bethel Cem	3-31 1929
20. UNDERTAKER Al Bumhoff	ADDRESS Cape Girardeau Mo

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