

DEPARTMENT OF PUBLIC HEALTH **CERTIFICATE OF DEATH** DIVISION OF VITAL STATISTICS  
STATE OF TENNESSEE

BIRTH NO. \_\_\_\_\_ DEATH NO. **62-13159**  
1. NAME **WILLIAM AKERS** 2. DATE OF DEATH **Apr. 12, 1962**  
FIRST MIDDLE LAST MONTH DAY YEAR

3. COLOR OR RACE **White** 4. SEX **Male** 5. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED, **WIDOWED** 6. DATE MONTH DAY YEAR OF BIRTH **Dec 25 1903** 7. AGE IN YEARS MONTHS LAST BIRTHDAY **59 35** 8. IF UNDER 1 YR. IF UNDER 24 MRS. MONTHS DAYS HOURS MINS.

9. PLACE OF DEATH A. COUNTY **Hamilton** B. CIVIL DISTRICT **1** C. STATE **Tenn.** COUNTY **Hamilton** CIVIL DISTRICT **1**  
D. CITY OR TOWN **Chattanooga** E. LENGTH OF STAY IN THIS PLACE \_\_\_\_\_ F. CITY OR TOWN **Chattanooga** G. INSIDE CITY LIMITS? YES  NO

H. NAME OF HOSPITAL OR INSTITUTION **Erlanger** I. INSIDE CITY LIMITS? YES  NO  J. STREET ADDRESS **128 S. St. Marks** K. IS RESIDENCE ON A FARM? YES  NO

10A. USUAL OCCUPATION **Retired** 10B. KIND OF BUSINESS OR INDUSTRY **Army** 11. SOCIAL SECURITY NUMBER **64-1461** 12. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN **NO** IF YES, GIVE WAR OR DATE OF SERVICE.

13. BIRTHPLACE (State or Foreign Country) **Tennessee** 14. CITIZEN OF WHAT COUNTRY? **U. S. A.** 15. NAME OF HUSBAND OR WIFE \_\_\_\_\_

16. FATHER'S NAME **Will Akers** 17. MOTHER'S MAIDEN NAME **Ella Moore** 18. INFORMANT **Ella Akers** ADDRESS **2408 Kirby Ave.**

19. CAUSE OF DEATH **Acute bronchitis broncho pneumonia** **Chattanooga, Tenn.** INTERVAL BETWEEN ONSET AND DEATH **1 7/1**

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (A) **Acute Bronchitis Broncho pneumonia** DUE TO (B) **Metastatic Sarcoma to Liver** DUE TO (C) **Metastatic Sarcoma left lobe**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH (BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I) **Sec. CVI** 20. WAS AUTOPSY PERFORMED? YES  NO

21A. ACCIDENT? SUICIDE? HOMICIDE?    21B. DESCRIBE HOW INJURY OCCURRED \_\_\_\_\_ 21C. TIME OF INJURY \_\_\_\_\_ 21D. PLACE OF INJURY \_\_\_\_\_ 21E. PLACE OF INJURY \_\_\_\_\_ 21F. PLACE OF INJURY \_\_\_\_\_

21G. PLACE OF INJURY \_\_\_\_\_ 21H. PLACE OF INJURY \_\_\_\_\_ 21I. PLACE OF INJURY \_\_\_\_\_ 21J. PLACE OF INJURY \_\_\_\_\_

22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE. SIGNATURE **[Signature]** M.D. O.G. OR OTHER (SPECIFY) **[Signature]** ADDRESS **Chattanooga, Tenn.** DATE **5-16-62**

23A. BURIAL, CREMATION, REMOVAL (SPECIFY) **Burial** 23B. DATE OF BURIAL, CREMATION, OR REMOVAL **April 16, 1962** 23C. NAME OF CEMETERY OR CREMATOR **National** 23D. LOCATION CITY, TOWN OR COUNTY STATE **Chattanooga, Tenn.**

24. FUNERAL DIRECTOR **National Funeral Home Chart.** ADDRESS **[Address]** 25. REGISTRATION NO. **51536** 26. DATE SIGNED BY **[Signature]** 27. REGISTRAR'S SIGNATURE **[Signature]**

William Akers  
DOD--April 12, 1962  
DOB--Dec. 25, 1903 Age 56

Hamilton Co.  
Chattanooga  
Erlanger 128 S.St.Marks

410-64-1461

Tennessee  
Will Akers Ella Moore  
Ella Akers

Acute bronchitis broncho pneumonia  
Metastatic sarcoma to liver  
lipo myo sarcoma left groin

Burial April 16, 1962  
National Cemetery