WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 27 1932

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

Do not use this space.

13061

54

1. PLACE OF DEATH
County Lafayette
Township Davis
City Corder (No. .... St. .... Ward)

Registration District No. 460
Primary Registration District No. 5624 a
File No. ....
Registered No. 29

2. FULL NAME Mrs. Margerite Ahrens

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July. 2 1850

7. AGE: Years 81, Months 9, Days 2. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....
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): Herman Mo. 1

FATHER
13. NAME: Jacob Phillipps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Kathrine Boesch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Jake Phillipps (ADDRESS): Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Evangelical Cemetery [illegible] DATE Apr. 6 1932

19. UNDERTAKER: Haefer & Meinershagen (ADDRESS): Higginsville Mo

20. FILED 4-8-32 19.. Dr. W. A. Braecklein, Registrar.

m.H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 4 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 1932, to Apr 2 1932
I last saw her alive on Apr 2 1932 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Arterio Sclerosis

106A ST 106 W

Other contributory causes of importance:
Acute Bronchitis

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

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? ....
If so, specify ....
(Signed) H G Harwood [illegible], M. D.
(Address) Dover [illegible]