

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

Do not use this space.

19923

1. PLACE OF DEATH

50 County Jefferson
Township Central
City (No. _____)

Registration District No. 422
Primary Registration District No. 5577

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Alma Ehlers

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1st 1915

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>17</u>	<u>2</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home Work
(b) General nature of industry, business, or establishment in which employed (or employer) 244
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Goldman mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Oscar Ehlers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) House Springs mo.
12. MAIDEN NAME OF MOTHER Pauline Kessel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Antonia, Mo.

14. INFORMANT Oscar Ehlers
(Address)

15. FILED 7-29 19 32 Harry Long
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27th 1932

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to June 27, 1932, that I last saw her alive on June 14, 1932, and that death occurred, on the date stated above, at 6-050 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs
23A (duration) yrs. 3 mos. ds.
11A
CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH home 1

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) David Ford M. D.
June 28 1932 (Address) De Soto 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 St Pauls Luthern Cemetery DATE OF BURIAL June 30 1932
ADDRESS Kimmewick

20. UNDERTAKER Fred Heiligtag
Mo. C. R. #3

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.

MISS 24 1932

