

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.

SEP 22 1932

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

Do not use this space.

File No. *25943*
Registered No. *583*
St. _____ Ward _____

1. PLACE OF DEATH

County *Greene* Registration District No. *318*
Township _____ Primary Registration District No. *2001*
City *Springfield* (No. *720 S. Market*)

2. FULL NAME

(a) Residence, No. *720 S. Market* 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 <i>M</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Josephine Ahe</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 26 - 1892</i>		
7. AGE <i>50</i> YEARS	MONTHS <i>0</i>	DAYS <i>25</i>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Salesman</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>172</i>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <i>15</i>	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
	13. NAME <i>Henry Ahe</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>	
17. INFORMANT (ADDRESS) <i>Dr. Josephine Ahe</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. James</i> DATE <i>Aug 22, 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Heaman & Co. Undertakers</i>		
20. FILED <i>8 - 22 - 1932</i> <i>Ralph W. Sample</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 21, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 21, 1931* to *Aug 21, 1932*
I last saw him alive on *Aug 21, 1932* Death is said to have occurred on the date stated above, at *2:30* p.m.
The principal cause of death and related causes of importance were as follows:

Stomach due to cancer of esophagus
46 EV

Other contributory causes of importance: *46 EV*

Name of operation *Tissue* Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *No*

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. *Home*

Manner of injury *Home*
Nature of injury *Home*

24. Was disease or injury in any way related to occupation of deceased? *No*
specify _____
(Signed) *Robert M. Miller*, M. D.
(Address) *Springfield, Mo.*

