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.

JAN 5 1933

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

Do not use this space.

38140

1. PLACE OF DEATH

109 County Warren — Registration District No. 884 — File No.

Township Charette — Primary Registration District No. 6176 — Registered No. 16

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Minnie Ahring

(a) Residence, No. Emmanuel Home (Usual place of abode) Marthasville, Mo. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. 11 mos. 17 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15th 1855

7. AGE 77 YEARS 7 MONTHS 24 DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dr Oyler

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) Germany. 10

FATHER

13. NAME Zopfer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Zopfer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) C. L. Sturm Marthasville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmanuel Home DATE Nov 10 1932

19. UNDERTAKER (ADDRESS) Fred W. Lichtenberg Marthasville Mo

20. FILED Nov 9 1932 G. C. Johnson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1932 to Nov 6 1932

I last saw her alive on Nov 7 1932 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchial Pneumonia | |
| 93D | |
| 107th | |

Other contributory causes of importance:

| | |
|---|---|
| Myocarditis | |

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) G. C. Johnson, M. D.

(Address) Marthasville Mo.