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.

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

Do not use this space.

1. PLACE OF DEATH
24 County Clay — Registration District No. 198 — File No. 22612
2 Township Fishing river — Primary Registration District No. 3011 — Registered No. 105
4 City Excelsior Springs, Mo. No. Veterans Hospital St. 3rd Ward)

2. FULL NAME AHALT, Floyd B.
(a) Residence, No. Veterans Administration Facility Ward. 824 E. 12th St., K. C. Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorved

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27, 1896

7. AGE: Years 36 — Months 11 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) unknown
11. Total time (years) spent in this occupation unknown

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Towaown

FATHER
13. NAME Calvin E. Ahalt
31 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME Julia Slifer
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS) Veterans Hospital records Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE 7-28-33 19

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs Mo

20. FILED 7-28 1933 J. D. Cravens Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, 19, to July 26, 1933, 19
I last saw him alive on July 26, 1933, 19 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Chr. pulmonary tuberculosis — Date of onset

23A
131

Other contributory causes of importance:
Acute exascerbation of chronic nephrosis

Name of operation none Date of
What test confirmed diagnosis? exam & obs Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury ....., 19
Where did injury occur? XX (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. XX
Manner of injury
Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? unknown
If so, specify
(Signed) Garrett V. Johnson, M. D.
(Address) Garrett V. Johnson Excelsior Springs, Mo.