

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

Do not use this space.

27441

1. PLACE OF DEATH

92 County St Charles
Township Dardenne
City Fallon (No.)

Registration District No. 760
Primary Registration District No. 6001

File No. 1
Registered No. 43
St. Ward)

2. FULL NAME

Alays S. Ahrens

(a) Residence, No. Fallon St., Ward.

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Mathilda Ahrens (OR WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bancker
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) Fallon Mo

13. NAME H. Ahrens

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

15. MAIDEN NAME Gentemann

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

17. INFORMANT Ralph Ahrens (ADDRESS) Fallon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fallon Mo. DATE Aug 16 1933

19. UNDERTAKER E. Keilly (ADDRESS) Fallon Mo.

20. FILED 8/21 19 33 W. C. Caldwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 19 33 to Aug 12 19 33
I last saw him alive on Aug 12 19 33 Death is said to have occurred on the date stated above, at 4 P. m.

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

Influenza Pneumonia
HA 110

Other contributory causes of importance: 110

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) L. P. Ahrens M. D.
(Address) Fallon Mo

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.

SEP 26 1933

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