

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.

01872

1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

Sweet Springs, Mo

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1 mos. 4 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)

widowed

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

Lizzie Ahlf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 11, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7853

OCCUPATION

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

Laborer

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

life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Morgan County, Mo

13. NAME

Claus Ahlf

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

Germany

15. MAIDEN NAME

Lizzie Meyers

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

Germany

17. INFORMANT (ADDRESS)

Henry Ahlf Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sweet Springs, Mo. DATE Sept. 17, 1933

19. UNDERTAKER (ADDRESS)

Linceney Marshall, Mo.

20. FILED

9/17/33White, Reg.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 193322. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933, to Sept 14, 1933I last saw him alive on Sept 14, 1933. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Dysentery134 98B 11/15

Other contributory causes of importance:

Hypostatic PneumoniaGangrene of left foot Sept 9Name of operation none 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.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Geo. T. Huels M. D. O.(Address) Marshall, Missouri

