

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County *Lafayette*  
 Township *Cover*  
 City *Cover, Mo.*

Registration District No. *458*  
 Primary Registration District No. *8-623*

File No. *25260*  
 Registered No. *51*  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

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>Male</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>Amanda Ehler</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Apr. 21, 1866</i>		
7. AGE	YEARS <i>68</i>	MONTHS <i>2</i>
	DAYS <i>24</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>Farmer</i>	
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Drake, Mo.</i>
	13. NAME <i>Wm. Ehler</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Louise Schweet</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT (ADDRESS) <i>Milton H. Ehler</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Border, Mo.</i> DATE <i>July 17, 1934</i>
	19. UNDERTAKER (ADDRESS) <i>Boyer &amp; McHugh</i>
	20. FILED <i>July 15, 1934</i>

Registrar.

3

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>July 15, 1934</i>	
22. I HEREBY CERTIFY That I attended deceased from <i>7-1-34</i> , 19 <i>34</i> , to <i>7-15</i> , 19 <i>34</i>	
I last saw him alive on <i>7-15</i> , 19 <i>34</i>	Death is said to have occurred on the date stated above, at <i>7:45 P.M.</i>
The principal cause of death and related causes of importance were as follows: <i>Myocarditis</i> <i>Typhoid fever</i> <i>Apoptate Pneumonia</i>	
Other contributory causes of importance: <i>93 D</i> <i>111 B</i>	
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) <i>Ralph H. Boyer</i> , M. D. (Address) <i>Border, Mo.</i>	

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.

JUL 13 1934

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10

