

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.

FEB 20 1935

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

Do not use this space.

42116

1. PLACE OF DEATH

County Buchanan,
Township Washington,
City St. Joseph,

Registration District No. 82

Primary Registration District No. 5127

File No. #2

Registered No. #2

(No. 2 M. East, St. Joseph, Saxton Rd. St. Ward)

2. FULL NAME Henry Herman Ahrens,

(a) Residence, No. 2 M. East, Saxton Road St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 yrs. mos. 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) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1866

7. AGE YEARS 68 MONTHS 8 DAYS 5 IF LESS than 1 day, ... hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad,

10. Date deceased last worked at this occupation (month and year) Dec. 1934 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Andrew County, (STATE OR COUNTRY) Missouri

13. NAME Herman Ahrens,

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

15. MAIDEN NAME Wilhelmina Brunning,

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

17. INFORMANT Mrs. Henry H. Ahrens (ADDRESS) R. F. D. # 4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Cem. Park DATE Jan 2nd 19 35

19. UNDERTAKER Stanton B. G. & Co., 319 O. 10th St., St. Joseph, Mo. (ADDRESS)

20. FILED Jan 2 19 35 J. J. G. & Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934, to Dec 31, 1934

I last saw him alive on Dec 30, 1934 Death is said to have occurred on the date stated above, at 12:05 p.m.

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

Chronic myocardial insufficiency Date of onset unknown

Other contributory causes of importance none

Name of operation Date of

What test confirmed diagnosis? Chronic 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) Mustas A. Lane, M. D.

(Address) St. Joseph Bldg. St. Joseph, Mo.

