

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

Do not use this space.

34766

OCT 21 1936

1. PLACE OF DEATH

County Jasper
Township Wadesboro
City Joplin (No. St. John's Hospital)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 127 Sergeant St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. X 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 24, 1904

7. AGE YEARS 32 MONTHS 8 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mrs. Green's Pay to Wear
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) Syracuse (STATE OR COUNTRY) New York

13. NAME Max C. Ahlerson

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

15. MAIDEN NAME Anna Gravenzky

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

17. INFORMANT Henry Ahlerson (ADDRESS) Okemah, Okla.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview Cem Okla City, Okla DATE 9-30-1936

19. UNDERTAKER Lanpher Mortuary (ADDRESS) 1502 Joplin St. Joplin, Mo.

20. FILED 9-29-36 19 36 Es D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-27, 1936, to 9-29, 1936.

I last saw him alive on 9-29, 1936. Death is said to have occurred on the date stated above, at 5:50 a.m.

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

Acute myocarditis
930

Date of onset 9/27

Other contributory causes of importance:

Acute Cardiac dilatation

9/29/36

Name of operation _____ Date of _____

What test confirmed diagnosis? Electrocardiogram 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) Thurman, M. D.

(Address) Joplin

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.

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