MAY 19 1937

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

Do not use this space.

1. PLACE OF DEATH
27 County Cooper — Registration District No. 218 — File No. 16143
2 Township — Primary Registration District No. 3015 — Registered No. 128
4 City Boonville (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mrs Anna Behrens

(a) Residence, No. St., Ward. Cole Camp Mo.
(Usual place of abode) (If nonresident, give city or town and State)

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: Female
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: Geo. Behrens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 2 - 1867

7. AGE: 235 — YEARS: 69 — MONTHS: — DAYS: 12 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Benton Co. Mo

FATHER
13. NAME: Fred Bahrenburg
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Christine Goetz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Rudy Behrens Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cole Camp Mo. DATE 4 - 17th 1937

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo.

20. FILED Apr 14 1937 D. E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr 14th 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7-37, 19..., to 4-14-37, 19...
I last saw her alive on 4-13-37, 19... Death is said to have occurred on the date stated above, at 5 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive Jaundice	8 W
Carcinoma of Pancreas	? 1 Y
Other contributory causes of importance:	
Postoperative renal failure	4 D

Name of operation Cholecystogastrostomy Date of 4-9-37
What test confirmed diagnosis? Operation 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) A. C. van Ravenswaay, M. D.
(Address) Boonville Mo.