

MAY 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Essex
 Township Third Creek
 City (No. St. Ward)

Registration District No. 991
 Primary Registration District No. 5419

File No. 16300
 Registered No.

2. FULL NAME

(a) Residence, No.

St.

Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 27 37
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
Still born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) (STATE OR COUNTRY) Bland Mo R

13. NAME Clarence Ahrens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. F. Bland

15. MAIDEN NAME Lydia Biers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. F. Bland

17. INFORMANT Clarence Ahrens (ADDRESS) Bland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bland DATE Apr 28 1937

19. UNDERTAKER No undertaker (ADDRESS)

20. FILED 4-29 37 J. Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 27 193722. I HEREBY CERTIFY, That I attended deceased from 19 , to 19 .

I last saw h. Still born alive on Death is said to have occurred on the date stated above, at m.

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

Asphyxia
before
birth

Other contributory causes of importance: 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) C. A. Bunge, M. D.(Address) Bland Mo

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.

