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.

OCT 26 1937

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

Do not use this space.

File No. 35411

Registered No. 151

1. PLACE OF DEATH

County: Saline — Registration District No. 796

Township: ~~Marshall~~ — Primary Registration District No. 3038

City: Marshall (No. ..... St. ..... Ward)

2. FULL NAME Arthur Nordyke Ehrnman

(a) Residence, No. 225 E Vest St., 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	57	10	24	

OCCUPATION

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

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) Marshall Missouri

FATHER

13. NAME Geo Ehrnman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Maria Nordyke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Arthur Ehrnman
(ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park DATE Sept 8 1937

19. UNDERTAKER Short-McCrary
(ADDRESS) Marshall, Mo.

20. FILED 9-8-1937 Mary Kent Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1931, to Sept 6 1937

I last saw h. alive on Sept 6 1937. Death is said to have occurred on the date stated above, at 8 25 a.m.

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

	Date of onset
Carcinoma of bladder	1931

Other contributory causes of importance:

Name of operation ..... Date of X

What test confirmed diagnosis? Clinical 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. L. Sutman, M. D.

(Address) Marshall Mo.