

REC'D APR 19 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Greene
 Township Springfield
 City Springfield

Registration District No. 316
2001

Primary Registration District No. St. John's Hospital

File No. 10743
 Registered No. 217
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. St. John's Hospital Ward. 142
 (Usual place of abode) Salvador, Mo
 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Greene Ahles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1861

7. AGE YEARS 77 MONTHS 0 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Polk County, Mo (STATE OR COUNTRY) Mo

13. NAME Joseph C. Ahles

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

15. MAIDEN NAME Mary E. Milsiken

16. BIRTHPLACE (CITY OR TOWN) Greene (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Greene Ahles (ADDRESS) Salvador, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Salvador, Mo. DATE May 8, 1938

19. UNDERTAKER White-Croft Funeral Home (ADDRESS) Salvador, Mo.

20. FILED Mar 8, 1938 Chas. C. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1938

22. I HEREBY CERTIFY That I attended deceased from 3-2 to 3-8, 1938

I last saw him alive on Mar 8, 1938 Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

Hypertrophy Prostate Date of onset 3 days ago

Other contributory causes of importance: 127-

uremia 3 days

Stems 3 1/2

Name of operation Cystostomy Date of 3-5-38

What test confirmed diagnosis? Chimic 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? no

(If so, specify _____)

(Signed) John V. ... M. D.

(Address) Springfield, 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.

