

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

Do not use this space.

1938 OCT 25 1938

**1. PLACE OF DEATH**

714 County Holaway  
 Township North  
 City Marionville Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 625  
 Primary Registration District No. 3031

File No. 32916  
 Registered No. 934

**2. FULL NAME**

Benjamin Joseph Aufferk  
 (a) Residence, No. 1010 1/2 East 4th St. 4 Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**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 Anna Kimman Aufferk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 88 9 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) (STATE OR COUNTRY) Ferdinand, Indiana

13. NAME Gerhard Aufferk

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Fred Aufferk  
Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Sept 25 1938

19. UNDERTAKER (ADDRESS) Campbell Funeral Home  
Marionville, Mo

20. FILED Sept 25 1938 Marie E. Clardy  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1938 to Sept 23 1938  
 I last saw him alive on Sept 15 1938 Death is said to have occurred on the date stated above, at 2 A.M.  
 The principal cause of death and related causes of importance were as follows:

Uremic Poisoning  
Poisoning  
 Date of onset 8/15/38

Other contributory causes of importance:

None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Analysis 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 2, 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) Marie E. Clardy, M. D.  
 (Address) Marionville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

~~SECRET~~

~~SECRET~~

~~SECRET~~

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~~SECRET~~

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

32916  
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway  
(b) Township  
(c) City Marshall  
(e) Length of residence in city or town where death occurred

Registration District No. 625-  
Primary Registration District No. 3031

Registered No. ....

(d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(If death occurred in U.S., if of foreign birth? yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Joseph Auffer  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

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

I last saw h. .... alive on ... 19... 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:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
88 9 18

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation

Chronic Poisoning  
131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Chronic Nephritis

13. NAME

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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

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.

15. MAIDEN NAME

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

Manner of injury .....  
Nature of injury .....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19...

(Signed) J. M. Ryan M. D.  
(Address) Marshall Mo

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19.....

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

