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.

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

Do not use this space.

42626

File No.

Registered No. 15

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 126

Township Cape Girardeau Primary Registration District No. 3704

City Gordonville (No. , Gordonville, Mo. St. Ward)

2. FULL NAME Albert Louis Ahrens

(a) Residence, No. Gordonville, Mo. 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	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: Hannah Hargens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 23, 1890

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	10	14	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Watkins Co.

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): Gordonville, Mo.

FATHER

13. NAME: John H. Ahrens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gordonville, Mo.

MOTHER

15. MAIDEN NAME: Martha Neumeyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gordonville, Mo.

17. INFORMANT (ADDRESS): Mrs. Albert Ahrens, Gordonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Zion M. E. Cemt. DATE: Dec. 9, 1938

19. UNDERTAKER (ADDRESS): Haman's Funeral Home, Cape Girardeau, Mo.

20. FILED 12/14/38 Mrs. M. M. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1938, to Dec 7, 1938

I last saw h... alive on Dec 6, 1938 Death is said to have occurred on the date stated above at 2:15 A.m.

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

	Date of onset
Carcinoma Stomach	1938
H 2	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X Ray 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?

If so, specify

(Signed) E. R. Schaw, M. D.

(Address) Jackson Mo