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

Do not use this space.

7944

32

1. PLACE OF DEATH
County DeKalb
Township Washington
City

Registration District No. 241
Primary Registration District No. 360
5-360 B

File No.
Registered No. 4
St. / Ward)

2. FULL NAME George Ehlers

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1852

7. AGE YEARS 79 MONTHS 2 DAYS 25 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 _____

10

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

13. NAME Fredrick Ehlers

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

15. MAIDEN NAME Anna Hobbie

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

17. INFORMANT (ADDRESS) F G Ehlers Stewartsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Grove DATE Mar 28 1932

19. UNDERTAKER (ADDRESS) F G Lyon Stewartsville Mo

20. FILED Mar 27 1932 L. E. Saunders Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 23rd, 1932 to Mar 26, 1932
I last saw him alive on Mar 25, 1932 Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
Date of onset Mar 24 32

5A
11A 59
107A

Other contributory causes of importance:
Diabetes Meli.
Influenza (1)

Name of operation none Date of X
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 19
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify X
(Signed) L. E. Saunders, M. D.
(Address) Stewartsville Mo