

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

Do not use this space.

9122

**1. PLACE OF DEATH**

5-8 County Linn Registration District No. 497  
 2 Township Benton Primary Registration District No. #300  
 3 City Brown (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 5  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Marshall N. Ahmanson  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-27-1862</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>9</u>
		DAYS
		<u>2</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>Mar 2, 1918</u>	11. Total time (years) spent in this occupation <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bronx, N.Y.</u>		
FATHER	13. NAME <u>Jesse Ahmanson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Whitehaven, Pa.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Carter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bronx, N.Y.</u>	
17. INFORMANT (ADDRESS) <u>Mary P. Ahmanson, Brown, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Free</u>	DATE <u>8-31-32</u>
19. UNDERTAKER (ADDRESS) <u>C. W. Brown, Brown, Mo.</u>		
20. FILED <u>4/9</u> 19 <u>32</u> <u>Mrs. Elsie Wapach</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

**2**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 1932, to Mar 29 1932  
 I last saw him alive on Mar 29 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Capillary Bronchitis  
Influenza  
 Date of onset 3/21/32

Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) M. L. Hammit, M. D.  
 (Address) Brown, 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.

APR 27 1932

