

AUG 19 1936

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

Do not use this space.

26089

1. PLACE OF DEATH

County D. R. KALB
Township WASHINGTON
City STEWARTSVILLE (No.)

Registration District No. 261
Primary Registration District No. 1160

File No.
Registered No. 9 St. Ward)

2. FULL NAME

ANNA 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 56 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>GEORGE EHLERS</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB. 15, 1860</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>RETIRED</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>RETIRED</u>
	10. Date deceased last worked at this occupation (month and year) <u> </u> 11. Total time (years) spent in this occupation <u>4</u>

12. BIRTHPLACE (CITY OR TOWN) WESTERLOX, GERMANY
(STATE OR COUNTRY)13. NAME EILERT PIEPERGERDES14. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)15. MAIDEN NAME ANNA HOEFERS16. BIRTHPLACE (CITY OR TOWN) UNKNOWN
(STATE OR COUNTRY)17. INFORMANT A. G. EHLERS, STEWARTSVILLE, MO.
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL MAPLE GROVE CEMETERY
PLACE STEWARTSVILLE, MO. DATE JULY 31, 193619. UNDERTAKER FRED G. LYON, STEWARTSVILLE, MO.
(ADDRESS)20. FILED JULY 31, 1936 L. E. Saunders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 193622. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1936 to July 29, 1936I last saw her alive on July 29, 1936 Death is said to have occurred on the date stated above, at 11:15 a.m.

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

Pneumo pneumonia Date of onset 7-28-36

Other contributory causes of importance:

Cerebral HemorrhageName of operation X Date of XWhat test confirmed diagnosis? Chemical Was there an autopsy? NO23. 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? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury YNature of injury X24. Was disease or injury in any way related to occupation of deceased? NOIf so, specify (Signed) L. E. Saunders, M. D.(Address) Stewartsville 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.

