JUL 30 1928

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

Do not use this space.

22831

1. PLACE OF DEATH

County Warren — Registration District No. 882 — File No.

Township Hickory Grove — Primary Registration District No. 6174 — Registered No. 11

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Anna M Rothert

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-16th 1846

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ✓ hrs. or ✓ min.
81	7	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER John M Rothert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Anna M Von Staden
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs Maggie Kamp
(Address) Wright City Mo

15. FILED 6/16/ 1928 E A Fluesmeier M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16th 1928

17. I HEREBY CERTIFY, That I attended deceased from May 6th, 1928, to June 16th, 1928 that I last saw her alive on June 14th, 1928, and that death occurred, on the date stated above, at 7 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis Ed
Mitral Regurgitation
920
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W S Clarenbach, M.D.
6/16, 1928 (Address) Wright City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Brooklyn, New York
DATE OF BURIAL: June 20 1928

20. UNDERTAKER: C. G. Nieburg
ADDRESS: Wright City 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.