

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

Do not use this space.

23261

1. PLACE OF DEATH
County Cass Registration District No. 158
Township Wagnon Primary Registration District No. 0223
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Anna Catherine Louise Hoestrommer
(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) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF H. Hoestrommer
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-28-1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Annville Pa
(STATE OR COUNTRY) Pa

10. NAME OF FATHER H. Kallmeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Their (Bostman)
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany

14. INFORMANT Wm Geo. Sebald
(Address) Belton

15. FILED 8-1-28 W. H. Kiffin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-20 1928
17. I HEREBY CERTIFY That I attended deceased from May 22, 1928, to July 20, 1928
that I last saw her alive on July 17, 1928, and that death occurred, on the date stated above, at 7:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Insanility
82 D
75 D
CONTRIBUTORY (SECONDARY) 13

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) R. M. Miller, M. D.

*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 Belton
DATE OF BURIAL 7-22 1928

20. UNDERTAKER G. H. George
ADDRESS Belton

WRITE PAINLY, WITH UNFADING INK---THIS IS PERMANENT RECORD

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.

