23 19

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

Do not use this space.

23483

1. PLACE OF DEATH

County Franklin — Registration District No. 300 — File No.

Township Lyon — Primary Registration District No. 5417 — Registered No. 16

City New Haven R.F.D. (No. ..... St. ..... Ward)

2. FULL NAME Annie Groppe

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. 10 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female Fem.
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: Wife of Louis Groppe

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 15th 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	10	7	

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

9. BIRTHPLACE (CITY OR TOWN): New Haven, Mo. R.F.D.
(STATE OR COUNTRY): Franklin

PARENTS

10. NAME OF FATHER: William Lohmeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Minnie Elebeck
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Germany
(STATE OR COUNTRY)

14. INFORMANT: Louis Groppe
(Address) New Haven Mo. R.F.D.

15. FILED 7-23 1928 — G. L. Matthews, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22nd 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1928, to July 22, 1928, that I last saw her alive on July 21, 1928, and that death occurred, on the date stated above, at 1.15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Poisoning
131
132 B (duration) ✓ yrs. ✓ mos. 4 ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis (duration) 2 yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Werner H. Wagner, M.D.
, 19 (Address) 118 W. Main St. Washington, 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: Porthudson Church Cemetery — DATE OF BURIAL: July 24t

20. UNDERTAKER: Nieburg & Vitt — ADDRESS: Washington, 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.

WRITE PLAINLY, WITH UNFADING INK