28 1928

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

Do not use this space.

1. PLACE OF DEATH

County Perry — Registration District No. 659 — File No. 36679

Township Union — Primary Registration District No. 5876 — Registered No. 36

City Longtown Mo. (No. ..... St. ..... Ward)

2. FULL NAME Anna Moeckel

(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): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Friedrich Moeckel

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 2 - 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	11	5	

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) .....
(STATE OR COUNTRY) Frohna Mo

PARENTS

10. NAME OF FATHER: John Popp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER: Margaret Ross
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT: Martin Moeckel
(Address) Longtown Mo

15. FILED July 8, 1928 Martin Moeckel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 7 1928

17. I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 7, 1928, that I last saw her alive on July 7, 1928, and that death occurred, on the date stated above, at 6-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apaplexy
Died Suddenly.
8 [illegible] (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74 [illegible] (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) C. B. Bowman, M. D

7-8, 1928 (Address) Old Appleton 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: Longtown Mo — DATE OF BURIAL: July 10 1928

20. UNDERTAKER: Zoellner & Young — ADDRESS: Perryville 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.