OCT 26 1928

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

Do not use this space.

Maupin

30161

File No. ...

Registered No. 76

1. PLACE OF DEATH

County Franklin

Township St. Johns

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

Registration District No. 297

Primary Registration District No. 5414

2. FULL NAME Anna Lause

(a) Residence. No. Clover Bottom Mo St., ... Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward E. Lause.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) ...

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Krakow, Missouri.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Christopher Elbert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER ? Funke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Germany

14. INFORMANT Harry E. Lause
(Address) Washington Mo.

15. Sept 22 1928 O. L. Mauch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 22 1928

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1928, to Sept 22, 1928, that I last saw her alive on Sept 21, 1928, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Liver

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) None

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Maupin M. D

Sept. 22, 1928 (Address) 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~~
St Anna Church Cemetery
At Clover Bottom. Franklin Co

DATE OF BURIAL Sept25th1928 Mo 19

20. UNDERTAKER
Otto & Co. Washington Mo.

ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state