

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

Do not use this space.

28398

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.

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SEP 25 1929
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1. PLACE OF DEATH
 County Monticello Registration District No. 571
 Township Patry Primary Registration District No. 4335
 City California (No. _____) St. _____ Ward _____

2. FULL NAME Anna Grebel
 (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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 4 - 1854

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>4</u>	<u>22</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)

10. NAME OF FATHER Meyers

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Henry Grebel
 (Address) California Mo

15. Aug 28, 1929 Geo. W. Rath
 FILED REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1929, to Aug 26, 1929. That I last saw h. live on Aug 26, 1929, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
Obstructive coronary ducts
127D
1519 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 127D
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHICH TEST CONFIRMED DIAGNOSIS _____
 (Signed) Geo. W. Rath, M. D.
8/27, 1929 (Address) California, 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 Warrensburg MO DATE OF BURIAL 8/28 1929

20. UNDERTAKER Hullman Funeral Home ADDRESS California MO

