FEB 20 1930

77

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

Do not use this space.

2110

File No. .....

Registered No. 1

1. PLACE OF DEATH

County Ozark

Township Washington

City Rockbridge (No. ..... St. ..... Ward)

Registration District No. 975

Primary Registration District No. 5851-B

2. FULL NAME Anna May Sweehaus

(a) Residence. No. Ken Fontaine Rd 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 12 - 1860

7. AGE: Years 69 | Months 2 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper

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

(c) Name of employer Peter Strumpf

9. BIRTHPLACE (CITY OR TOWN) Westphalia
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Anton Sweehaus

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

12. MAIDEN NAME OF MOTHER Borgmeyer

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

14. INFORMANT John G. Strumpf
(Address) .....

15. FILED 1-10 1930 Alphonse Fick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1930, to Jan 9 1930, that I last saw h. alive on Jan 7 1930, and that death occurred, on the date stated above, at 7 30 P-M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal Nephritis
131 with Blood Pressure 220
82 A
109 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Apoplexy
(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? Clinical & Laboratory

(Signed) Jos. L. A. Buechler, M. D

Jan 10 1930 (Address) Foolsburg 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: Catholic Cemetery Rockbridge — DATE OF BURIAL 1/12 1930

20. UNDERTAKER: Herman Fick — ADDRESS Rockbridge Mo

N. B.—Every item of information should be given, if possible. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.