APR 30 1930

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

Do not use this space.
9727

1. PLACE OF DEATH
County: Osage
Township: Washington
City: ..... (No. ....., ... St. ..... Ward)
Registration District No.: 1124
Primary Registration District No.: 5851 a
File No.: 4
Registered No.: 4

2. FULL NAME Anna Schwartz

(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 84 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: Wm. Schwartz

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 28 - 1846

7. AGE: Years 84 | Months | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEECEASED
(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) (STATE OR COUNTRY): Osage Co. Mo.

PARENTS
10. NAME OF FATHER: Fred Holtermann
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Eliz. Kramer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: B. F. Schwartz
(Address): Freeburg Mo

15. FILED: 4/10, 1930 Wm D. Ott Beechler, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1930, to Mar. 23, 1930 that I last saw h. alive on Mar. 1st, 1930, and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy due to old age
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Old age
(duration) ..... 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? —
(Signed) J. J. Radmacher, M. D
, 19 (Address) Argyle 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 Meta Mo
DATE OF BURIAL: Mar. 26 1930

20. UNDERTAKER: H. Strofe
ADDRESS: Meta 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.