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

Do not use this space.

791

34940

File No. 10339

Registered No.

1. PLACE OF DEATH

County

Township

City Athens Mo (No. 1546 So 2nd St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Anna Nolte

(a) Residence. No. 1546 So 2nd St., 23 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*): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Nolte

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-11-1854

7. AGE: Years 76 | Months 8 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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): Germany

PARENTS

10. NAME OF FATHER: Henry Ziegler

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

12. MAIDEN NAME OF MOTHER: Clara Kies

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

14. INFORMANT: Wm Nolte
(Address) 1546 So 2nd St

15. FILED ..... 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-30 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930, to Oct 30, 1930, that I last saw her alive on Oct 30, 1930, and that death occurred, on the date stated above, at 4 20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar

108 (duration) — yrs. — mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward Wenger, M.D.

10/31, 1930 (Address) 2002 S Bdwy

*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 Paul's Churchyard

DATE OF BURIAL: 11-3 1930

20. UNDERTAKER: Weick Bros 2201 So

ADDRESS: Grand

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.

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