

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

Do not use this space.

14009

1. PLACE OF DEATH

County Mon.
Township Acadia
City Acadia (No. _____)

Registration District No. 391
Primary Registration District No. 3546a

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Anna Scherman (Mother Thomasine)

(a) Residence No. Acadia College, Acadia, Mo. (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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 18 - 1871</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>1</u>
	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Catholic Sister

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carlisle, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Henry Scherman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) German Town, Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Albers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) German Town, Ill.
(STATE OR COUNTRY)

14. INFORMANT Mother Madeta
(Address) Acadia College, Acadia, Mo.

15. FILED 4/6, 1931 R.A. Rasche
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/4 1931

17. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
that I last saw her alive on 4/3 1931 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Breast with metastasis to lungs
50
47B (duration) 9 yrs. mos. ds.
CONTRIBUTORY Anemia
(SECONDARY) (duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF Unknown
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS X-ray
(Signed) George Gay M. D.
4/6 19 31 (Address) Acadia - 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 Acadia College Cemetery DATE OF BURIAL April 8 - 1931

20. UNDERTAKER White ADDRESS Acadia, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

MAY 23 1931

