

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

Do not use this space.

17766

1. PLACE OF BIRTH  
 County Henry Registration District No. 348  
 Township Dodge Primary Registration District No. 5486  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Anna Schmulli

(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.

File No. \_\_\_\_\_  
 Registered No. 299  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Conrad Schmulli

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24, 1850

|           |           |          |          |  |
|-----------|-----------|----------|----------|--|
| 7. AGE    | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, _____ hrs. or _____ min. |
| <u>80</u> | <u>10</u> | <u>4</u> | <u>4</u> |  |

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

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

10. NAME OF FATHER Henry Harster

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) Don't Know  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Jake Schmulli  
 (Address) Brownington Mo.

15. FILE NO. 231 REGISTRAR C. D. Taylor, M.D.

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1931

17. I HEREBY NOTIFY, That I attended deceased from May 8, 1931 to May 28, 1931 that I last saw alive on May 28, 1931, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Paraplegia  
820

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 25 ds.

CONTRIBUTOR (SECONDARY) 820  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

9 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Cerebral  
 (Signed) James S. Logan, M. D.  
729, 1931 (Address) Warsaw 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 Finney Cemetery DATE OF BURIAL May 30 1931

20. UNDERTAKER C. A. Ricketts Brownington, ADDRESS 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.

JUN 26 1931

WRITE PLAINLY, WITH OUT-ROUND LETTERS TO STATE FULL NAMES

APR 6 1950