

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

Do not use this space.

20183

1. PLACE OF DEATH

68 County Monteair Registration District No. 575
 1 Township Primary Registration District No. 7339
 3 City Supton (No.) St. Ward

File No.
 Registered No.
 St. Ward

2. FULL NAME

(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.

Anna Scheerer

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 Christian Scheerer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1844
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
 10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrnberg ¹⁰

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrnberg

15. MAIDEN NAME unp...

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herrnberg

17. INFORMANT (ADDRESS) Felix Scheerer

18. BURIAL, CREMATION, OR REMOVAL PLACE Supton, Mo DATE June 13, 1932

19. UNDERTAKER (ADDRESS) Jemell E. ...

20. FILED June 12, 1932 Mo ...
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12th 1932
 22. I HEREBY CERTIFY That I attended deceased from Feb - 1932 to June 12, 1932
 I last saw her alive on June 13th, 1932. Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis

Other contributory causes of importance: ①

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) G. S. Wilson, M. D.
 (Address) Fortuna

WHITE 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.

25 1932

