

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

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

Do not use this space.

4656

1. PLACE OF DEATH

County, Barry Registration District No. 30
 Township _____ Primary Registration District No. 3003
 City, Monett (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Anna Koehler

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emmanuel Koehler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
 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) Barry Co. Mo

FATHER 13. NAME Felix McLean

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Prussia

MOTHER 15. MAIDEN NAME Anna Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Prussia

17. INFORMANT Emmanuel Koehler
 (ADDRESS) Monett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Verona Mo. DATE Feb 27 1933

19. UNDERTAKER Wm W. West
 (ADDRESS) Verona Mo.

20. FILED 3-7-1933 W. M. West
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1932 to Sept 21 1933
 last saw her alive on Sept 21 1933. Death is said to have occurred on the date stated above, at 5:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Diabetic Sangurene

59

Other contributory causes of importance:

59

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physician 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) J. O. Rice M. D.
 (Address) Verona 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.

