MARGIN RESERVED FOR BINDING

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.

APR 24 1933

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

Do not use this space.

8962

1. PLACE OF DEATH

27 County: County Cooper — Registration District No. 218 — File No.

2 Township: — Primary Registration District No. 3015 — Registered No. 19 21

4 City: Boonville (No. ..., ... St. ... Ward)

2. FULL NAME: Anna Christine Lorsing

(a) Residence, No. Hospital 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22d 1891

7. AGE: YEARS 42 — MONTHS — DAYS 19 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Graduate Nurse

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): March 5th 1933

11. Total time (years) spent in this occupation: about 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Bunceton Cooper Co Mo.

FATHER

13. NAME: August Lorsing.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Black Jack St Louis County Mo.

MOTHER

15. MAIDEN NAME: Louise Falter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs Herman Fahrenbrink Bunceton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Lone Elm DATE: March 15th 1933

19. UNDERTAKER (ADDRESS): Schwitzky Wornhoff. Boonville Mo.

20. FILED: 3/14 1933 G. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933, to March 13, 1933

I last saw her alive on March 12, 1933. Death is said to have occurred on the date stated above, at 5 a. m.

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

Pneumococcic Meningitis. — Date of onset

108

Other contributory causes of importance:

Lobar Pneumonia.

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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? no

If so, specify

(Signed) W. H. Ziegler, M. D.

(Address) Boonville, Mo.