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.

MAY 22 1933

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

Do not use this space.

12777

1. PLACE OF DEATH

County Cole — Registration District No. 214 — File No. 10

Township Moreau. — Primary Registration District No. 5294 — Registered No. 214

City Russellville, Mo. — St. — Ward)

2. FULL NAME Anna Krause

(a) Residence. No. — St., — Ward. — (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conrod Krause

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	76	11	15	

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

9. BIRTHPLACE (CITY OR TOWN) Lohman Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Huttenmeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fracy Obendoefer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Carl Krause
(Address) Russellville, Mo.

15. FILED 4/26, 1933 Mark L. Enlow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1933

17. I HEREBY CERTIFY, That I attended deceased from April 20, 1933, to April 26, 1933, that I last saw her alive on April 26, 1933, and that death occurred, on the date stated above, at #3 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart disease

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Pleurisy with Effusion (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Yes

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. L. Leslie, M. D.

4/27, 1933 (Address) Russellville, 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	DATE OF BURIAL
Lohman Luth. Cem.	4/27/33

20. UNDERTAKER	ADDRESS
H. H. Schubert	Russellville, Mo.

[illegible] M
Paro
[illegible]
[illegible] Ferrer
Adam Jerese