

Dr. Jose

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

Do not use this space.

19260 150  
 File No. ~~150~~  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 014  
 City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Anna Lindner

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.  
 (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>August J. Lindner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-27-1862</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>11</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) Maries County, Mo  
(STATE OR COUNTRY)13. NAME Marcus Hefti14. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)15. MAIDEN NAME Anna Hefti16. BIRTHPLACE (CITY OR TOWN) Switzerland  
(STATE OR COUNTRY)17. INFORMANT A.J. Lindner  
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE River View Cem. DATE June-21-193319. UNDERTAKER Joseph J. Gordon  
(ADDRESS) Jefferson City, Mo20. FILED 6/22/33 1933 J. B. B. B.  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/33, 193322. I HEREBY CERTIFY, That I attended deceased from May 24 1933 to June 17 1933I last saw her alive on June 17 1933 Death is saidto have occurred on the date stated above, at 7:25 P.M.

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

Gangrene of right foot Date of onset May 31

Other contributory causes of importance:

diabetic Kala's nephritisName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Physical & chemical Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933Where 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) J. B. B. B., M. D.(Address) Jefferson City, Mo

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.

JUL 22 1933

