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.

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

Do not use this space.

1. PLACE OF DEATH

36 County Franklin — Registration District No. 297 — File No. 22813

Township St. Johns — Primary Registration District No. 3414 — Registered No. 43

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Anna Sophia Scheer

(a) Residence, No. Washington R.F.D. #1 Box 51 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William Scheer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1858

7. AGE: YEARS 75 — MONTHS 4 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Washington, Missouri

FATHER
13. NAME Wm Esselbruegge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Johanna Brehe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holthausen Germany

17. INFORMANT (ADDRESS) Mrs. Ida Meyer Washington R.F.D. #1 Box 51

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evangelical Cemetery DATE July 4th 1933

19. UNDERTAKER (ADDRESS) Nieburg & Vitt Inc. Washington, Missouri

20. FILED July 3, 1933 O. L. Munsch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to died same day, 19..
I last saw her alive on 2 P.M. 7/1/33, 19.. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	7/1/33

Other contributory causes of importance:

Hypertension	2
Chr. Endocarditis (valvular)	2
Cancer of the Cervix	2

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) J. F. Post, M. D.
(Address) 203 Elm St Washington Mo.