

MAR 24 1934

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

Do not use this space

B

1. PLACE OF DEATH  
99 County Saline Registration District No. 794 File No. 3545-4  
Township Cambridge Primary Registration District No. 1087A Registered No. 1  
City (No. St. Ward)

2. FULL NAME Mrs Anna Louise Sellmeyer  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 52 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 John A. Sellmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>2</u>	<u>25</u>	

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) August 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

13. NAME Henry Breuker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Harry Sellmeyer  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE all saints Cem. DATE Jan 15 1934

19. UNDERTAKER Vandiver & Tinsley  
(ADDRESS) Chicago Mo.

20. FILED Mar 15 1934 W. D. Durham  
Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1933, to 1-12 1934, 1934.  
I last saw her alive on 1-12 1934. Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral apoplexy  
hypertension + heart lesion

Name of operation Date of  
What test confirmed diagnosis? blinded 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, 1934  
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) W. B. Kitchener, M. D.  
(Address) Chicago, Mo.

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