

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.

MAR 24 1934

1. PLACE OF DEATH

County Franklin
Township Union
City Union

Registration District No. 296
Primary Registration District No. 418.0

File No. 4515

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Anne Kahmann
(a) Residence, No. Union No. 2 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Henry Kahmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28th 1877

7. AGE YEARS 56 MONTHS 11 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. same
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Herman (STATE OR COUNTRY) Gasconade Co Mo

FATHER 13. NAME Godlieb Groeber

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT Martha Kahmann (ADDRESS) Washington Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cemetary _____ 1934

19. UNDERTAKER Otto & Co (ADDRESS) Washington Mo

20. FILED 3/8 1934 J. R. Marshall Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from FEB 15, 1934 to FEB 27, 1934

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Mycocarditis Date of onset 1927
93 D
37 B
Impulse mortality

Other contributory causes of importance: _____

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) John R. Marshall, M. D.
(Address) Union Mo

OK 10/11

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1954 OCT 11
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

JOHN J. ROBERTS
1000 14TH ST NW
WASHINGTON, DC

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HONORABLE

SEN. J. W. ROBERTS

WASHINGTON, D. C.

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