

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

Do not use this space.

1. PLACE OF DEATH

County Chariton
 Township Chariton
 City (No.) St. Ward

Registration District No. 175
 Primary Registration District No. 5248

File No. 19814
 Registered No. 40

2. FULL NAME Anna Louise Rohwer

(a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 80 yrs. - mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Jacob Rohwer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1848</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>1</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>none</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	13. NAME <u>Mrs. Exeling</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Henry Rohwer Forest Green Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. John Cemetery</u> DATE <u>June 19</u>		
19. UNDERTAKER (ADDRESS) <u>Walker & Sons Glasgow Mo.</u>		
20. FILED <u>6/38</u> 19 <u>34</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1934

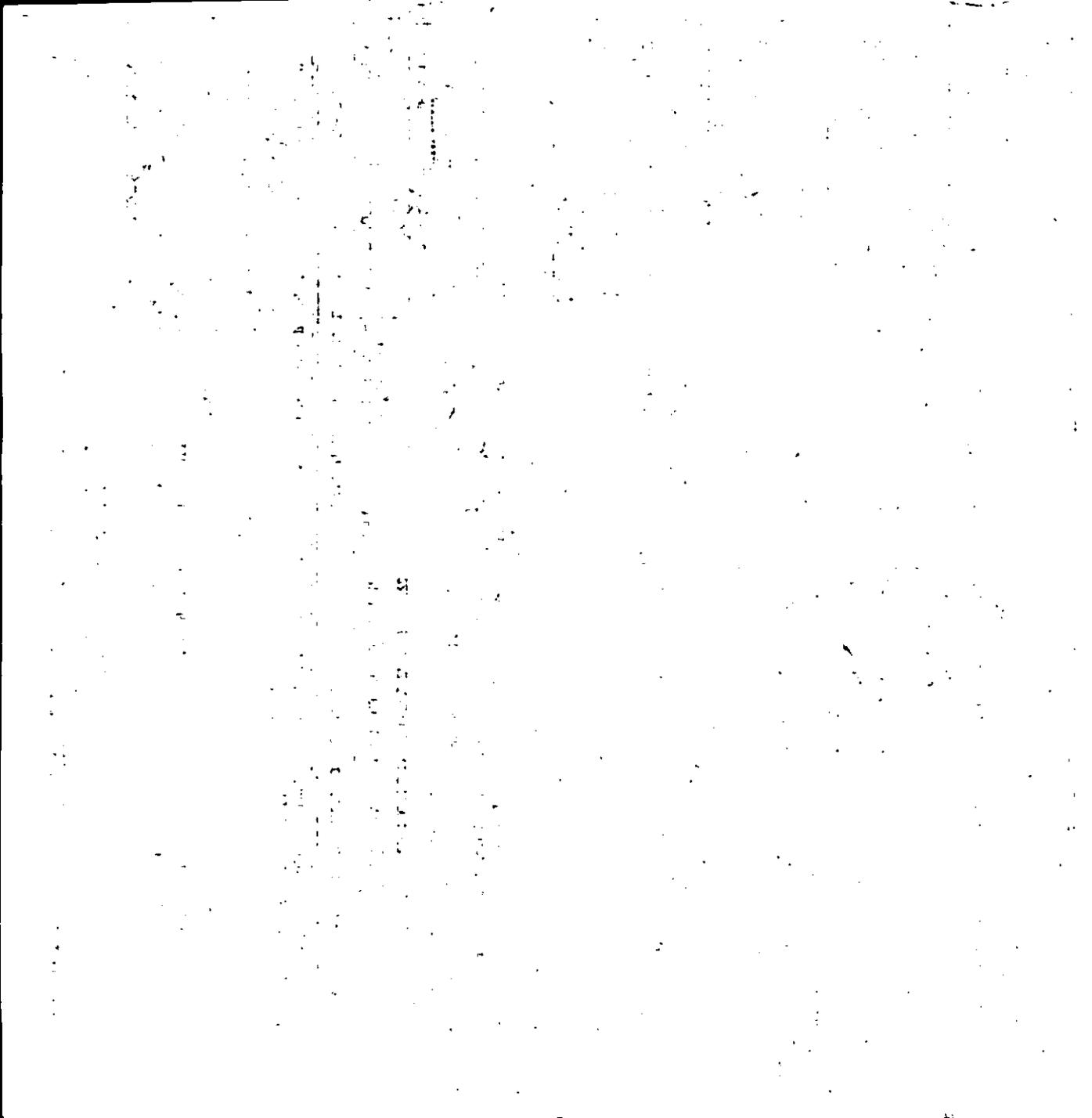
22. I HEREBY CERTIFY That I attended deceased from 4-24, 1934, to 6-23, 1934
 I last saw her alive on 6-23, 1934 Death is said to have occurred on the date stated above, at 7:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Septic pneumonia Date of onset 6-2-34
131
 Other contributory causes of importance
Septicemia
Shaper zoster 3
6-5-34

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?
 If so, specify J. W. Gardner, M. D.
 (Signed) Glasgow, Mo.
 (Address) Glasgow, Mo.



#2 Chanton

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Anna Louise Rohrer
Who died at _____ on June - 23 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, ~~married~~, widowed or ~~divorced~~: _____

Date of birth _____ Age: Years 86 Months 1 Days 21

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year 1931
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Hypertalic Pneumonia
Septic pneumonia

Other contributory causes of importance: Nephritis - Herpes Zoster
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Dr. Howard ...
Address of physician Palmyra, Missouri
Signature of Registrar _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 175

Very truly yours,

Primary Reg. Dist. No. 5248

E. T. McGaugh - M. D.
Special Agent.

5-19814