SEP 29 1934

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

Do not use this space.

~~30245~~

File No. 30245

Registered No.

1. PLACE OF DEATH

County Nodaway

Township ~~Nodaway~~

City Burlington Jct. (No. ..... , ... St. ..... Ward)

Registration District No. 618

Primary Registration District No. 4 369

2. FULL NAME Anna M. Schmauder

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF George Schmauder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	6	10	

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) Ulrn, Wurtemberg Germany

FATHER

13. NAME Matthew Betz

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

MOTHER

15. MAIDEN NAME Barbara (Unknown)

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

17. INFORMANT Bertha Schmauder
(ADDRESS) Burlington Jct. Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington Jct. Mo DATE Aug 18, 1934

19. UNDERTAKER J. R. Hann
(ADDRESS) Burlington Jct. Mo

20. FILED Aug 18, 1934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to ~~Aug. 15~~ Aug. 16, 1934. I last saw her alive on Aug. 15, 1934. Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Myocarditis	9/20/34
93D	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

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) S. E. Wallace M. D.

(Address) Burlington Jct. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

100M-11-24-33