

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

Do not use this space.

36787

1. PLACE OF DEATH AN 17 1936

County Morgan

Registration District No. 601

File No. ....

Township Richland

Primary Registration District No. 5796

Registered No. 9

City (N) .....

St. .... Ward

2. FULL NAME Anna Grupe

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Conrad Grupe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15, 1861</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>1</u>
	DAYs <u>26</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>Housewife</u>
	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) New York City, n. y.

13. NAME Henry Tutgen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, n. y.

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs. Kate Hildebrandt,  
(ADDRESS) Florence, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Florence, Mo. DATE Nov. 13, 1935

19. UNDERTAKER Rapp & Son  
(ADDRESS) Florence, Mo.

20. FILED Dec. 20, 1935 Mrs. Edwin Bremer  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935 to Nov 11, 1935

I last saw h. alive on Nov 10, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

Chronic Myocarditis  
General debility  
Other contributory causes of importance: .....

Name of operation .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) E. H. Tutgen, M. D.  
(Address) Brunton, 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.

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