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

Do not use this space.

11408

1. PLACE OF DEATH
County: Lewis — Registration District No. 480 — File No.
Township: Union — Primary Registration District No. 4289 — Registered No. 8
City: La Grange (No. , St. Ward)

2. FULL NAME: Mrs. Anna Drawe

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 29th 1850

7. AGE: Years 86 — Months 1 — Days 26 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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 COUNTY): Hereford Germany

FATHER
13. NAME: Henry Meierant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Germany

MOTHER
15. MAIDEN NAME: Friderioka Heitkamp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Germany

17. INFORMANT: Miss Lena Drawe
(ADDRESS): La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: La Grange, Mo. DATE: Mar. 27th 1936

19. UNDERTAKER: A. A. Roberts
(ADDRESS): La Grange, Mo.

20. FILED: March 26 1936 — W. B. Ellis, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1936, to March 25, 1936
I last saw him alive on March 24, 1936. Death is said to have occurred on the date stated above, at 2:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
131	

Other contributory causes of importance:
Chronic Myocarditis
Chronic Cholecystitis

Name of operation: None — 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) W. B. Ellis, M. D.
(Address) La Grange, 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.