CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

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

Do not use this space.

44263

1. PLACE OF DEATH
County Dent
Township Springbreek
City ..... (No. ..... St. ..... Ward)

Registration District No. 266
Primary Registration District No. 5370

File No. .....
Registered No. 89

2. FULL NAME Anna Louise Nothaus

(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/25/36

7. AGE YEARS MONTHS DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Salem Mo.

FATHER
13. NAME Lewis A Nothaus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

MOTHER
15. MAIDEN NAME Ernas Schlueter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petty Colorado

17. INFORMANT (ADDRESS) Lewis Nothaus Salem Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Cem DATE 12/27 1936

19. UNDERTAKER (ADDRESS) N D Hobson Salem Mo.

20. FILED 12/27/ 1936 W. E. Ruckd, Tu. Dr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1936, to Dec 26 1936
I last saw her alive on Dec 25 1936. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Failure of Closure of Foramen Ovale — Date of onset Dec 26 1936

Other contributory causes of importance: D K

Name of operation None Date of ✓
What test confirmed diagnosis? Usual Signs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury Dec 26 1936
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 no stated above
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H G Dillon, M. D.
(Address) Salem Mo