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

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.

JAN 20 1937

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

Do not use this space.

45372

1. PLACE OF DEATH

County: Lewis — Registration District No.: 477 — File No.:

Township: — Primary Registration District No.: 4286 — Registered No.: 65

City: Canton (No. , St. Ward)

2. FULL NAME: Anna Katherine Schroeder

(a) Residence, No.: Washington 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*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: August H. Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 31, 1852

7. AGE — YEARS: 84 — MONTHS: 8 — DAYS: 22 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Moenchandorf Switzerland

FATHER

13. NAME: Jacob Scherer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT: Mrs R.J.Tillman
(ADDRESS): Canton, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Canton, Mo. DATE: Dec.26,1936

19. UNDERTAKER: Earl H. Barkley
(ADDRESS): Canton, Missouri

20. FILED: Dec. 28, 1936 H W Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec.23,1936 19

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1936, to 12-23, 1936

I last saw her alive on 12-20, 1936. Death is said to have occurred on the date stated above, at 6-15 P m.

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

	Date of onset
acute nephritis	12/15/36
Other contributory causes of importance: broken leg	4/28/36

Name of operation — Date of —

What test confirmed diagnosis? — 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 4-28, 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: slipped and fell

Nature of injury: broken leg 4-28-36

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

If so, specify —

(Signed) Dr Earl Porter, M. D.

(Address) Canton Mo