JAN 22 1937

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

Do not use this space.

45753

1. PLACE OF DEATH
County: Pettis — Registration District No.: 668 — File No.: 366
Township: — Primary Registration District No.: 9032 — Registered No.: 668
City: Sedalia (No. 1005 E. 9th St. Ward)

2. FULL NAME: Anna Heitman
(a) Residence, No. 1005 E. 9. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 70 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: Henry Heitman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 8 - 1853

7. AGE: Years 83 — Months 10 — Days 10 — 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 COUNTRY): Germany

FATHER
13. NAME: Herman Steuve (Heitman)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Miller Steuve
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Henry Heitman Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 12-20-1936

19. UNDERTAKER (ADDRESS): McLaughlin Bros. Sedalia

20. FILED: 12-20-1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/14, 1936, to 12/18, 1936
I last saw her alive on 12/18, 1936. Death is said to have occurred on the date stated above, at 9:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of gall bladder & intestinal obstruction from adhesions	12/14/36

Other contributory causes of importance:
Cholelithiasis unknown

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? yes

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) V. Boyer, M. D.
(Address) [illegible]

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.

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Pettis }

State File No. 457[illegible]3
Local Registrar's No. 366

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of August, 1946, before me appears Mrs Augusta Cordes, who, upon her oath, states that the original record of ~~birth~~ death for Anna Stueve Heitman, died ~~born~~ Dec 18, 1936 in the State of Missouri, and which was filed at Sedalia Mo on, 1946, should be corrected as follows:

Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. 15 should read ANNA Stueve.
Instead of ANNA Miller
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Augusta Heitman Cordes
Relationship.
daughter
Sedalia Mo Route #1
Present Address.

Subscribed and sworn to before me this 2nd day of August, 1946.

My Commission expires March 3 - 1950 Anna Berger Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M-3-42
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