

FEB 19 1937

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

Do not use this space.

2809

1. PLACE OF DEATH

County St Charles
Township Osborne
City Collville (No. 4)

Registration District No. 760
Primary Registration District No. 6001

File No. 3
Registered No. 4 St. _____ Ward _____

2. FULL NAME

Annie Mary Niehusser

(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 19 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 OR (OR) WIFE OF <u>Henry Niehusser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27 - 1857</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>27</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>Home duties</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>230</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>1</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1937

I HEREBY CERTIFY, that I attended deceased from Jan 4 1937 to Jan 20 1937

I last saw him alive on Jan 20 1937. Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis (Chromocurditis)

Date of onset Jan 4 1937

Other contributory causes of importance:
General arteriosclerosis
Cirrhosis of liver

Name of operation _____ Date _____
What test confirmed diagnosis Physical 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) B. G. Gosson, M. D.
(Address) 200 Clayton St. Charles, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta, Va.</u>	<u>16</u>
	13. NAME <u>Michael Reupling</u>	<u>10</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baden, Germany</u>	
	15. MAIDEN NAME <u>Bergfall</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South River, Germany</u>	
	17. INFORMANT (ADDRESS) <u>Ed. Niehusser, Collville, Mo.</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Weldon Springs</u> DATE <u>Jan 23 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. R. Pittman, Whiteville, Mo.</u>		
20. FILED <u>1/27 1937</u> <u>W. C. Caldwell</u> Registrar.		

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.

