MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Callaway
Township:
City: Fulton (No. ..., ..., St. ..., Ward)
Registration District No. 104
Primary Registration District No. 3008
File No. 5278
Registered No. 33

2. FULL NAME: Annie Fuerstenbrig
(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 20 yrs. 3 mos. 11 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): D.K.
7. AGE: YEARS 92 MONTHS ? DAYS ? If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: DK
10. Date deceased last worked at this occupation (month and year): DK
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

FATHER
13. NAME: DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK

MOTHER
15. MAIDEN NAME: DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DK.

17. INFORMANT (ADDRESS): Hosp. Records Fulton, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary Cmty DATE: 2-12-1937
19. UNDERTAKER (ADDRESS): Louis H. Bopp Kirkwood Mo.
20. FILED: Feb 11, 1937 R. N. Crews Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1935, to Feb 7, 1937
I last saw her alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 5 40 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerotic Heart Disease | DK |

Other contributory causes of importance:
Influenza 2/5/37
Senility

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 ....., 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? .....
If so, specify .....
(Signed) Jas. L. Mulkey, M. D.
(Address) Fulton, Mo.

WHITE PLAIN, 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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