

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
County Pettis
Township _____
City Sedalia

Registration District No. 668
Primary Registration District No. 3032
(No. 1808 So. Mo.)

17213
File No. 114
Registered No. 668
St. _____ Ward _____

2. FULL NAME Anna Marie Rethemeyer
(a) Residence, No. 1808 So. Mo. 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 Henry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 28

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

FATHER
13. NAME Herman Fleer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna E. Wehmeier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hilda Marshall
(ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE April 9, 1937

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia, Mo.

20. FILED 4-9-37 Jean Slack
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1937 to Apr. 6, 1937
I last saw him alive on Apr. 6, 1937 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Branches - Pneumonia
Chf. Lung Nephritis
Arteriosclerosis
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Chf. Lung Nephritis Was there an autopsy? No

23. If death was due to external causes (violence, etc.) to the following: Accident, suicide, or homicide? No 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) Wm. J. Long, M. D.
(Address) Sedalia, Mo.

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

