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.

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Lafayette
Township: Freedom
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 457
Primary Registration District No. 5641B
File No. 27603
Registered No. 19

2. FULL NAME: Anna Rowe

(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 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: Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm A Rowe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 15 - 1871

7. AGE: 66 YEARS, 6 MONTHS, 12 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME: Martin Cretzmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Concordia Mo

MOTHER
15. MAIDEN NAME: Rohda Wolkenhorst
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Concordia Mo

17. INFORMANT (ADDRESS): Mrs. Forrest J. Rowe, Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Hope DATE: July 29 1937

19. UNDERTAKER (ADDRESS): Fleming & Voigt, Concordia Mo

20. FILED: July 28, 1937 Ferdinand Shryman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 27, 1937. I last saw her alive on July 27, 1937. Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus

Date of onset

Other contributory causes of importance: None

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Name of operation: None Date of
What test confirmed diagnosis? 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) Ferdinand Shryman, M. D.
(Address) Concordia, Mo.