SEP 16 1937

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

Do not use this space.

30525

File No. 12

Registered No.

1. PLACE OF DEATH

County Cooper

Township Pilot Grove

City ~~Boonville, Mo.~~ (No. Near St. Martins Church St. Ward)

Registration District No. 222530 3

Primary Registration District No. 4135

2. FULL NAME Mrs. Anna Barbara D. Lang

(a) Residence, No. R.F.D. # 3 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Balthasar Lang

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	18	

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) Rupertsberg Germany

FATHER

13. NAME William F. Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Anna Mae Prince

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Fred Martin
(ADDRESS) Blackwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martinsville, Cem. DATE Aug. 13, 1937

19. UNDERTAKER L. J. Meisterfe
(ADDRESS) Boonville Mo.

20. FILED Aug. 17, 1937 Mrs. E. B. McCutcheon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1932, to Aug 11, 1937

I last saw h. alive on Aug 11, 1937. Death is said to have occurred on the date stated above, at 6.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Diabetes Mellitus

Name of operation None Date of

What test confirmed diagnosis? Est. 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) Allen Rawlings, M. D.

(Address) Boonville Missouri

mailed to Pilot Grove.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD