DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 1254
Township — Primary Registration District No. 3009
City Cape Girardeau (No. S. E. Mo. Hospital St. Ward)

File No. 40879
Registered No. 373

16
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8

2. FULL NAME Anna May Hahs Schurer

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Schurer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7 1903

7. AGE 34 YEARS — MONTHS 3 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

2 35

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) Sedgwickville Mo.

FATHER
13. NAME F. M. Hahs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy, Mo.

MOTHER
15. MAIDEN NAME Melvine Crites
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daisy Mo

17. INFORMANT (ADDRESS) Oscar Schurer R.F.D. Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Johns Church Cemetery 11/25 1937

19. UNDERTAKER (ADDRESS) McCombs Furn & Und Co Jackson Mo

20. FILED 11-23 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1937, to Nov 23, 1937
I last saw her alive on Nov 23, 1937 Death is said to have occurred on the date stated above, at 11:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus	
Septicemia from	Nov 18
Accidental Abortion	

Other contributory causes of importance:

140

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? No
If so, specify
(Signed) D. L. Seabaugh, M. D.
(Address) Jackson Mo

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.