

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

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

Do not use this space.

11926

**1. PLACE OF DEATH**

County St. Charles  
 Township Callaway  
 City New Market (No. ....)

Registration District No. 759  
 Primary Registration District No. 6000

File No. ....  
 Registered No. 45  
 St. .... Ward

**2. FULL NAME**

Anna M Meier, 600

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 John H. Meier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

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) Primmage Mo

13. NAME Fred Vogler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Ruebling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) John H. Meier  
New Market Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Market DATE 4-6 1938

19. UNDERTAKER (ADDRESS) R. A. Clarenbach  
Westfield

20. FILED April 6 1938 O. A. Mahm Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3<sup>rd</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 3<sup>rd</sup> 1938, to Apr 3<sup>rd</sup> 1938

I last saw her alive on Apr 3<sup>rd</sup> 1938. Death is said to have occurred on the date stated above, at 5<sup>PM</sup> m.

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

Chronic Endocarditis  
Mitral Regurgitation  
 Date of onset 1928  
1928

Other contributory causes of importance: Diabetes mellitus 1918

Name of operation ..... Date of .....  
 What test confirmed diagnosis Clinical 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 No

(Signed) R. A. Clarenbach, M. D.  
 (Address) Wright City Mo

