REC'D MAY 22 1939

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

Do not use this space.

1. PLACE OF DEATH
County St Francois
Township Perry
City Bonneterre (No. ..... St. ..... Ward)
Registration District No. 775
Primary Registration District No. 6020-A
File No. 15980
Registered No. 30

2. FULL NAME Mrs. Anna Lorrena Strauch
(a) Residence, No. Bonne Terre, 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 30 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 Fernald Strauch Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 17 - 1872

7. AGE: YEARS 67 | MONTHS 1 | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME A. W. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) J. B. Murthy Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre Mo DATE April 9, 1939

19. UNDERTAKER (ADDRESS) Alvin W. Hood Flat River Mo

20. FILED April 8, 1939 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 - 1939

22. I HEREBY CERTIFY, that I attended deceased from Nov - 1 - 1934 to Apr 8 - 1939
I last saw her alive on Apr 8 - 1939. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset unknown
93C
Other contributory causes of importance:
unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? physical 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) A. L. Evans, M. D.
(Address) Bonneterre Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-M-24-33