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.

FILED OCT 12 1940

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

Do not use this space.

31783

1. PLACE OF DEATH
County Cole
Township Jefferson
City Jefferson City, Mo. St. Mary's Hosp. St. Ward)
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 243

2. FULL NAME Anna Mary Kautsch
(a) Residence, No. Lohman, 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 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 Widow of J.H. Kautsch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1859
7. AGE YEARS 81 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Lohman, Mo. Cole.

FATHER
13. NAME Adam Schubert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Anna Ritter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. M. Schubert Russellville, Mo.
18. BURIAL, CREMATION, OR REMOVAL Lohman Luth, Cem DATE Sept. 19 40
19. UNDERTAKER (ADDRESS) Hugo H. Schubert Russellville, Mo.
20. FILED 9/17/ 1940 D. V. Beaford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1940
22. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1940, to Sept 16, 1940
I last saw her alive on Sept 15, 1940 Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:
Chr. Sclerotic
Myocarditis,
Date of onset
Other contributory causes of importance:
Senile Dementia
Chr. Haemorrhagic
nephritis,
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? No 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?
If so, specify
(Signed) W. W. Rambo M. D.
(Address) Jefferson City Mo.