

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.

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

Do not use this space.

JUL 24 1936

23649

1. PLACE OF DEATH

County Morgan
Township Haw Creek
City Stover (No.)

Registration District No. 919
Primary Registration District No. 57932

File No.
Registered No. 12 St. Ward

2. FULL NAME

Anna M Wittrock

(a) Residence, No. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred H Wittrock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 1 1874</u>		
7. AGE <u>62</u>	YEARS <u>5</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u>Mar 1936</u>		11. Total time (years) spent in this occupation <u>47</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barnstadt Ill</u>		
13. NAME <u>Rev C. H. Proehl</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>		
15. MAIDEN NAME <u>Magdalena Moeller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holstein Germany</u>		
17. INFORMANT <u>Fred H Wittrock</u> (ADDRESS) <u>Stover Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stover Cem</u> DATE <u>June 21 1936</u>		
19. UNDERTAKER <u>C. R. Rapp & Son</u> (ADDRESS) <u>Stover Mo</u>		
20. <u>July 10th 36</u> <u>W. L. Rippeger</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1936

22. I HEREBY CERTIFY That I attended deceased from Mar, 1934, to June 18, 1936

I last saw her alive on May 24, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of pyloric end of stomach

Date of onset 1935

Other contributory causes of importance:
No

Name of operation Date of

What test confirmed diagnosis? X-ray 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 Chas J West M. D.
(Signed) Stover Mo
(Address)

