

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.

DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH  
County Grundy 2. Registration District No. 327  
Township Galt 1 Primary Registration District No. 4194  
City Galt (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
615 2. FULL NAME Anna Louise Schierbaum

File No. 39249  
Registered No. 18  
St. \_\_\_\_\_ Ward \_\_\_\_\_

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80 11 3  
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. housework  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa 1  
13. NAME Henry Brandt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
15. MAIDEN NAME Mary Rethemier  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6  
17. INFORMANT J. H. Schierbaum  
(ADDRESS) Galt Mo.  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Berry Cemetery DATE Nov 23, 1938  
19. UNDERTAKER Robertson  
(ADDRESS) Galt Mo.  
20. FILED 11-22-1938 H. P. Weston  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21 - 1938  
22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938, to Nov 21, 1938  
I last saw him alive on Nov 20, 1938. Death is said to have occurred on the date stated above, at 2:10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of the stomach  
Edema  
46  
Other contributory causes of importance:  
90 years  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Examination 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) H. P. Weston, M. D.  
299 (Address) Galt Mo.

