

NOV 21 1930

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

Do not use this space.

32272

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125  
Township ..... Primary Registration District No. 3009  
City ..... (No. 975 Bellemea Street) St. .... (Ward)

File No. ....  
Registered No. 523

2. FULL NAME Mrs Anna Marie Clementy

(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 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 11<sup>th</sup> 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
75 10 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Friedheim Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Casper Klaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Untersoon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY)

14. INFORMANT Mrs John Trachter  
(Address) 975 Williams St.

15. FILED 10/4/30 W. E. Kramphor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-4 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1930, to Oct 4, 1930 that I last saw h. or alive on Oct 3, 1930, and that death occurred, on the date stated above, at 5:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Bright's disease

126 (duration) about yrs. 6 mos. ds.  
CONTRIBUTORY Biliary Calculi  
(SECONDARY) (duration) about yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. A. Schoen, M. D.

10-4-1930 (Address) Cape Girardeau Mo.  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Apple Creek Cemetery DATE OF BURIAL Oct 5 1930

UNDERTAKER

Wentz-Kawee ADDRESS 530 Broadway

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.

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