

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

Do not use this space.

2556

**1. PLACE OF DEATH**

County Moniteau  
Towship Walker  
City California (No. ....)

Registration District No. 571  
Primary Registration District No. #335

File No. ....  
Registered No. 6 (St. .... Ward)

**2. FULL NAME**

Anna C. Dorn

(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 21 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**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 Andrew Dorn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 18 - 1848

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>80</u>	<u>2</u>	<u>23</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Godfrey Hermannke

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

12. MAIDEN NAME OF MOTHER Anna Herweg

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

14. INFORMANT Frank Dorn  
(Address) California Mo.

15. FILED 1-12-29 19. 29 Missouri REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11 19 29

17. I HEREBY CERTIFY, That I attended deceased from April 19 27, to Jan. 11 19 29, that I last saw him/her alive on Jan. 1 19 29, and that death occurred, on the date stated above, at 6 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Mitral Insufficiency -  
acute stage of lungs -  
11/11 (duration) 1 yrs. 9 mos. 10 da.

CONTRIBUTORY (SECONDARY) POW (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS .....

(Signed) John D. ..., M. D.

1/12, 19 29 (Address) California, 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 Annunciation Cemetery DATE OF BURIAL Jan. 14 19 29

20. UNDERTAKER J. G. Imhoff ADDRESS Dixon Mo.

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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