

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.

36445

JAN 9 1933

1. PLACE OF DEATH

County MoniteauTownship Burris Fork

City

(No.

Registration District No.

214

Primary Registration District No.

5284

File No.

Registered No.

21

St.

Ward)

2. FULL NAME Anna Elizabeth Frauchiger(a) Residence, No. Russellville, Mo. R.R.1 St.,

Ward.

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAndrew Frauchiger6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 27th, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

74

6

18

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.House Wife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

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