

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.

JAN 15 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38830

1. PLACE OF DEATH
 County Cape Girardeau Registration District No. 125
 Township 11 Primary Registration District No. 3009 File No. _____
 City Cape Girardeau No. St. Francis Hospital St. _____ Ward _____
 Registered No. 362
 2. FULL NAME Anna Marie Lorberg
 (a) Residence, No. Londonville Mo. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 12 mos. 12 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred A Lorberg
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21 1896
 7. AGE YEARS 79 MONTHS 0 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
 9. 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo.
 FATHER
 13. NAME Mike Fassold
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Kunichunda Amshel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Mrs Lorberg
 (ADDRESS) Cape Girardeau Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Londonville Lutheran cemetery DATE 12/14 1935
 19. UNDERTAKER Lorberg F & N Co
 (ADDRESS) Cape Girardeau Mo.
 20. FILED 12-14-1935 J. J. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14 1935
 22. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1935, to Dec 14, 1935
 I last saw her alive on Dec 13, 1935. Death is said to have occurred on the date stated above, at 8:30 m.
 The principal cause of death and related causes of importance were as follows:
Arteria Sclerosis about Jan 1934 Date of onset _____
 Other contributory causes of importance: AM
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? U
 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? U
 If so, specify _____
 (Signed) W. A. Schoen, M. D.
 (Address) Cape Girardeau Mo.

