

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

Do not use this space.

4120

1. PLACE OF DEATH

97 County Saline
Township Cambridge
City (No.)

Registration District No. 794
Primary Registration District No. 6037H.

File No.
Registered No. 1
St. Ward

2. FULL NAME

Joseph Kruse

(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 39 yrs. 1 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-3-1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 1 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Saline County
(STATE OR COUNTRY)

10. NAME OF FATHER Clemens Kruse

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

14. INFORMANT Frank Kruse
(Address) Millers bro

15. FILED 1-7-1931 J. D. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7-1931

17. I HEREBY CERTIFY, That I attended deceased from 4-18 1931
to 1-6 1931
that I last saw him alive on 1-6 1931, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart Insufficiency.

(duration) 2 yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY) None
(duration) yrs. 9 mos. ✓ ds.

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

DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) J. D. Dawson M. D.

1-7-1931 (Address) Millers bro

*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 All Saints Cemetery DATE OF BURIAL 1-9-1931
West

20. UNDERTAKER Jonny Hillen ADDRESS 921 1/2 W. Mo

N. B.—Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 9 1931

