

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

PLACE OF DEATH  
County Montgomery  
Township Boyer  
or  
Village High Hill Mo  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 589 File No. 38913  
Primary Registration District No. 5787 Registered No. 103

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Wm Henry Kruger

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

SEX M COLOR OR RACE W SINGLE MARRIED WIDDED OR DIVORCED Married  
(Write the word)

DATE OF DEATH 11 19 1917  
(Month) (Day) (Year)

DATE OF BIRTH June 12 1874  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 30, 1917, to Nov 19, 1917, that I last saw him alive on Nov 19, 1917,

AGE \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.

and that death occurred, on the date stated above, at 4<sup>15</sup> m.

OCCUPATION (a) Trade, profession, or particular kind of work Hotel Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:  
Blood Poisoning

BIRTHPLACE (City or town, State or foreign country) Kingsville Mo

(Duration) yrs. mos. 20 ds.

NAME OF FATHER Henry Kruger

Contributory High wound  
(SECONDARY) (Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Henry Kruger

(Signed) J. J. Jones M. D.  
(Address) Jonesburg Mo

MAIDEN NAME OF MOTHER Johanna Kurasfeld

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Henry Kruger

Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

(ADDRESS) Montgomery City

PLACE OF BURIAL OR REMOVAL St. Vincent Cemetery DATE OF BURIAL 11/21 1917

Filed Nov 20 1917 J. J. Jones REGISTRAR

UNDERTAKER C. W. Hopkins ADDRESS Montgomery City 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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton-mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia, Puerperal peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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  
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CERTIFICATE OF DEATH**

**1 PLACE OF DEATH**

County Montgomery  
Township B Creek  
or  
Village  
or  
City

REGISTRARS SHALL NOT RECEIVE  
A FEE FOR CERTIFICATES UNTIL THEY  
ARE COMPLETED AS PRESCRIBED BY  
LAW

Registration District No. 589 File No.  
Primary Registration District No. 5787A Registered No. 103  
St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** Wm Henry Kruger

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** M. **4 COLOR OR RACE** W. **5 SINGLE MARRIED WIDOWED OR DIVORCED** M.  
(Write the word)

**6 DATE OF BIRTH**  
January (Month) 1 (Year)

**7 AGE** 43 yrs. 5 mos. 6 ds.  If LESS than 1 day.....hrs. or.....min.?

**8 OCCUPATION**  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry business, or establishment in which employed (or employer)

**9 BIRTHPLACE**  
(City or town, State or foreign country)

**PARENTS**

**10 NAME OF FATHER**

**11 BIRTHPLACE OF FATHER**  
(City or town, State or foreign country)

**12 MAIDEN NAME OF MOTHER**

**13 BIRTHPLACE OF MOTHER**  
(City or town, State or foreign country)

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

Filed Nov 20 1917 Informant Registrar

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** 11 (Month) 19 (Day) 1917 (Year)

**17** I HEREBY CERTIFY, that I attended deceased from 11/19/1917 to 11/19/1917, that I last saw him alive on 11/19/1917 and that death occurred, on the date stated above, at 11/19/1917 m.

The CAUSE OF DEATH\* was as follows:  
Blood poisoning from infected wound  
20  
accidental slight wound  
CONTRIBUTORY (Secondary) fracturing of ribs of coal in store and caught fire between coal and signed and buried in grave  
1917 (Address) Informant

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

**19 PLACE OF BURIAL OR REMOVAL** \_\_\_\_\_ **DATE OF BURIAL** \_\_\_\_\_ 1917

**20 UNDERTAKER** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

SUPPLEMENTARY INFORMATION SUPPLIED

Original file, date Jan 12, 1918

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

38913

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*Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc.* of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)