

22

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

35708

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1. PLACE OF DEATH  
County Platte Registration District No. 695 File No. 604  
Township \_\_\_\_\_ Primary Registration District No. 5920 Registered No. 22  
City Waldron (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jewis Krolme  
(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 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 8 6

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) (STATE OR COUNTRY) Kanis

10. NAME OF FATHER don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER \_\_\_\_\_

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

14. INFORMANT Julia Krolme  
(Address) Waldron MO

15. FILED 11-24-26 J. A. White  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1926

17. I HEREBY CERTIFY That I attended deceased from Nov 19, 1926, to Nov 22, 1926 that I last saw him alive on Nov 22, 1926, and that death occurred, on the date stated above, at 2-40 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY) 110 (duration) yrs. mos. ds. 5

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) O. K. Johnson, M. D.  
, 19 (Address) Forley 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forley Cemetery DATE OF BURIAL 11/24 1926

20. UNDERTAKER Harry Roland ADDRESS Parisville

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.

