R 22 1927

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

Do not use this space.

7436

1. PLACE OF DEATH
County: Callaway — Registration District No. 103
Township: St. Aubert — Primary Registration District No. 24064
City: Mokane (No. ..... St. ..... Ward)
File No. .....
Registered No. 4

2. FULL NAME: Gottlieb Krebs

(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 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elsie Krebs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-9-1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	2	17	

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): retired 6 months
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Berne
(STATE OR COUNTRY): Switzerland

PARENTS
10. NAME OF FATHER: John Krebs
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Berne
(STATE OR COUNTRY): Switzerland
12. MAIDEN NAME OF MOTHER: Anna Ringgeli
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Berne
(STATE OR COUNTRY): Switzerland

14. INFORMANT: Chas W. Krebs
(Address): Steedman, Mo

15. FILED 3-27 1927 W. H. Heckman
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-26 1927

17. I HEREBY CERTIFY, That I attended deceased from 3-26, 1927, to 3-26, 1927, that I last saw him alive on 3-26-27, 19..., and that death occurred, on the date stated above, at 11:33 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun Shot self inflicted suicidal intent
16 1
17 8 (duration) 8 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY): Temporary insanity
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? yes DATE OF 3-26-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. B. Nichols, M. D.
, 19 (Address) Mokane 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Steedman Cemetery	3-28 1927
20. UNDERTAKER	**ADDRESS**
C W Musgrove	Mokane

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.