WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30525

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. St Joseph Hos. St. Ward)

File No. 4032
Registered No.

2. FULL NAME Walter P. Krause
(a) Residence. No. 436-W-35 St. 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 26-1887

7. AGE: Years 40 | Months 8 | Days 27 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Gold Refiner
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

PARENTS
10. NAME OF FATHER: Frank Krause
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Eliz. Schultz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Fannie Krause
(Address) 436-W-35

15. FILED 10/25, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1927, to Oct 23, 1927, that I last saw him alive on Oct 23, 1927, and that death occurred, on the date stated above, at 11:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Right
52
108 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Epithelioma of left cheek (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Yes
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 7-1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Chas Nelson, M. D
10-23, 1927 (Address) 1812 Fed Res Bldg

*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: Mt Moriah — DATE OF BURIAL: 10-26 1927

20. UNDERTAKER: R Whitsley Hos — ADDRESS: City