

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

Do not use this space.

30837

1. PLACE OF DEATH

County Lawrence Registration District No. 467 File No. _____
 Township Aurora Primary Registration District No. 4250 Registered No. 30
 City Aurora (No. _____) Ogden Hospital St. _____ Ward _____

2. FULL NAME

John Kreis
 (e) Residence No. Galena Mo 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	<u>62</u>	<u>1</u>	<u>2</u>	

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) Switzerland

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT (Address) R. A. Fox 803 N 16th St St Louis Mo

15. FILED 11/10 1927 W. W. Smart REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 20 1927, to Oct 8 1927, that I last saw h. alive on Oct 8 1927, and that death occurred, on the date stated above, at 9:50 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Embryonic
5 1/2 15 1/2 (duration) yrs. mos. ds. 40
 CONTRIBUTORY (SECONDARY) Diabetes (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Galena Mo

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 23-27

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? tabesular test
 (Signed) W. W. Smart M. D.
 , 19 (Address) Aurora 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
Maple Park, Cananda 1927

20. UNDERTAKER ADDRESS
King and Co Aurora Mo

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.

26 1927

