FEB 20 1928

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

Do not use this space. 270

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 18

City St. Joseph (No. 2212 Locust Street. St. Ward)

2. FULL NAME Matilda Kronenbitter.

(a) Residence. No. 2212 Locust Street. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John Kronenbitter.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 1863.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	9	0	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Germany.

PARENTS

10. NAME OF FATHER John Trapp.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs Katherine Baronosky.
(Address) 2212 Locust St.

15. FILED JAN 18 1928 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1928, to Jan 18, 1928, that I last saw her alive on Jan 17, 1928, and that death occurred, on the date stated above, at 4.55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11E
115B
93C
10B

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis from focal infection of teeth (duration) yrs. 6 mos. or more ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Gordon D. Wright, M. D

1/18, 1928 (Address) 845-So 19 St. Jos. 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: Mount Olivet Cemetery.

DATE OF BURIAL: Jan 20 1928

20. UNDERTAKER: H. O. Siderfaden

ADDRESS: 1802 Union St.

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.