

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

Do not use this space.

3630

1. PLACE OF DEATH

County Laline
Township Marshall
City Marshall (No. _____) St. _____ Ward _____

Registration District No. 796
Primary Registration District No. 3038

File No. _____
Registered No. 11

2. FULL NAME

Mollie Kruger

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

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

Chris Kruger

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

Aug 19 1949

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>28</u>	<u>4</u>	<u>28</u>	<u>=</u> min.

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)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Unknown Neubauer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Charles H. Kruger
(Address) Stephens Mob.

15.

FILED 1/19 1928 D. Hanning REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 18 1928

17.

HEREBY CERTIFY, That I attended deceased from June 17, 1928, to June 18, 1928, that I last saw h. er alive on June 18, 1928, and that death occurred, on the date stated above, at 5:50 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Strangulated and gangrenous inguinal hernia
1254

CONTRIBUTORY (SECONDARY)

11801 (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Miami, Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 17/28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) D. Hanning, M. D.

1/19 1928 (Address) Marshall, 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

Miami, Mo 1/24 1928

20. UNDERTAKER

ADDRESS

Vandiver Sweeney Marshall Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

