JUN 5 1927

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

Do not use this space.

12053

1. PLACE OF DEATH
County Warren — Registration District No. 884 — File No.
Township Charrette — Primary Registration District No. 6176 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Caroline Kroeger.
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5-1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
83	9	23	

8. OCCUPATION OF DECEASED House wife
(a) Trade, profession, or particular kind of work
(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

PARENTS
10. NAME OF FATHER Henry Mische
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) unknown

14. INFORMANT Charley Kroeger
(Address) Warrenton, Mo. R.F.D.

15. FILED Mar 29 1928 G C Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 1927 to March 28, 1928 that I last saw her alive on 3/26, 1928, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93C
106B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic bronchitis
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H. P. Schmidt Jr., M. D
, 19 (Address) Marthasville 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: Homan Church Cemetery Warrenton Mo
DATE OF BURIAL: Mar 30 1928

20. UNDERTAKER: F W Niefing
ADDRESS: Warrenton Mo

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.