2 5; 1928

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

Do not use this space.

26846

File No. 2a

Registered No. 24

1. PLACE OF DEATH

County: Cooper

Township: Buncetton

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 219

Primary Registration District No. 4182

2. FULL NAME Lunettie Kreisel

(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 2 yrs. 6 mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H.Y.Kreisel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	5		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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) Colecamp MO

PARENTS

10. NAME OF FATHER J.H.Francke

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

12. MAIDEN NAME OF MOTHER Hattie Bone

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

14. INFORMANT H.Y.Kreisel
(Address) Buncetom

15. FILED Sept 9 1928 Hattie Pafhn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17th 1928

17. I HEREBY CERTIFY, That I attended deceased from July 25th 1928, to Aug 17th 1928, that I last saw he alive on Aug 17th 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Breast
Hrg
..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... 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? Pathological Test
(Signed) W.A. Seidel, M.D.
, 19 (Address) Buncetonlus

*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 Colecamp MO 8-19-28 — DATE OF BURIAL 19

20. UNDERTAKER L.G.Parker Buncetom MO — ADDRESS

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.