

MAR 25 1931

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

Do not use this space.

6074

1. PLACE OF DEATH

County Johnson  
Township Madison  
City Holden

Registration District No. 427  
Primary Registration District No. 1243

File No. \_\_\_\_\_  
Registered No. 6  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Peter George Krockenburger

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Krockenburger</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 15-1860</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>8</u>
	DAY <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work  
Retired 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) Indiana

10. NAME OF FATHER

Don't Know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER

Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Don't Know

14.

INFORMANT James Krockenburger  
(Address) Holden Mo

15.

FILED 2/4, 1931 G. W. Harris  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1930, to Jan. 31, 1931.  
that I last saw him alive on Jan. 31, 1931, and that death occurred, on the date stated above, at 8:45 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senility and General Exhaustion.

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY)

168 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF (D)

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edward Audrus, M. D.

Feb. 3, 1931. (Address) Holden, 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

Holden Cemetery Feb 4 1931

20. UNDERTAKER

E. M. Goodman Holden 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.

