

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 27 1931

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

Do not use this space.

6834

1. PLACE OF DEATH

95 County St. Genevieve
Township Beauvais
City (No.)

Registration District No. 781
Primary Registration District No. 6027

File No.
Registered No.
St. Ward)

2. FULL NAME

Jennie Kreulich

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 August Kreulich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>10</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Co Missouri

MOTHER FATHER 13. NAME Frank Maddock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Co Missouri

15. MAIDEN NAME Elesig Chappin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray Co Missouri

17. INFORMANT (ADDRESS) August Kreulich St. Mary's Ins

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Ins DATE Feb. 7 1931

19. UNDERTAKER (ADDRESS) John Pegg Grayville Mo

20. FILED Feb 5th 1931 Helen Plummer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1931

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:20 P m.

The principal cause of death and related causes of importance were as follows:

Acute myocarditis
93A
93A
Other contributory causes of importance:
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Dr. C. P. Corcoran M.D.
(Address) St. Genevieve Mo

