

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

Do not use this space.

31818

1. PLACE OF DEATH

County Macon
Township.....
City Macon (No.....)

Registration District No. 533
Primary Registration District No. 3027

File No.....
Registered No. 87
St..... Ward.....

2. FULL NAME

Sitha Krieter

(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) W -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>2</u>	<u>3</u>	

OCCUPATION

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

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) Macon Co
(STATE OR COUNTRY) MO

MOTHER FATHER

13. NAME Lloyd Couster

14. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

15. MAIDEN NAME Ella Corners

16. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY)

17. INFORMANT Mrs Fred Saldou
(ADDRESS) Macon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oakwood DATE Sept 4 '31

19. UNDERTAKER Walter Skunkbe
(ADDRESS) Macon

20. FILED 9/12 1931 Mrs Luke Dunkle
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1931, to Sept 2 1931
I last saw her alive on Sept 2 1931. Death is said to have occurred on the date stated above, at 10:45 m.

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

Nephritis

Date of onset

Other contributory causes of importance: D-K

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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? no

If so, specify

(Signed) Dr W.A. Davis, M. D.

(Address) Macon 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.

AGI - 4 14-31

