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.

DEC 26 1931

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

Do not use this space.

39826

1. PLACE OF DEATH
County Salem
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 801
Primary Registration District No. 6045

File No. .....
Registered No. .....

2. FULL NAME Ruth 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 yrs. mos. 4 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23-1931

7. AGE YEARS MONTHS DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Houstonia Mo

FATHER
13. NAME Herbert Kreisel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo

MOTHER
15. MAIDEN NAME Goldie Frisch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw Mo

17. INFORMANT (ADDRESS) Herbert Kreisel Houstonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Pleasant DATE Nov 28 1931

19. UNDERTAKER (ADDRESS) W. C. Westbrook Houstonia Mo

20. FILED 11-28-1931 A. H. Ringer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 23- 1931, to Nov 27 1931
I last saw her alive on Nov 26 1931. Death is said to have occurred on the date stated above, at 4-45 p.m.
The principal cause of death and related causes of importance were as follows:

Morbus Hemorrhagic Neonatorum — Date of onset Nov 23 1931

161D 161D

Other contributory causes of importance: None
Deficient Diet of Mother

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify None
(Signed) Clyde W. Parrons, M. D.
(Address) Sweet Springs, Mo.