

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

Do not use this space.

41257

1. PLACE OF DEATH

County Jasper
Township Wright
City Waco (No. _____)

Registration District No. 406
Primary Registration District No. 5560

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (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 Clark B. Kroon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-10-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 1 21

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

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) Iowa

MOTHER FATHER 13. NAME Pierce Putman

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

15. MAIDEN NAME Josephine Peterson

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

17. INFORMANT Clark Kroon
(ADDRESS) Waco, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waco City DATE Dec 2 1931

19. UNDERTAKER Steele Und Co.
(ADDRESS) Waco, Mo

20. FILED Dec 2 1931 C. Roney
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Dec 1, 1931

I last saw him alive on Nov 30, 1931. Death is said to have occurred on the date stated above, at 9 a.m.

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

Pellagra Date of onset

Other contributory causes of importance: 62

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? _____

If so, specify _____

(Signed) W. H. Roney, M. D.

(Address) Waco City, Mo

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.

MARSH RESERVED FOR BINDING

NO. 1

DEC 28 1931

