

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.

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

Do not use this space.

41892
32

1. PLACE OF DEATH

County Ballou
Township Ballou
City (No. 3959)

Registration District No. 227
Primary Registration District No. 4433

File No.
Registered No.
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unfont

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/16/31
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23

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) (STATE OR COUNTRY) Ballou, Mo.

FATHER 13. NAME George Kregbaum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballou, Mo.

MOTHER 15. MAIDEN NAME Virginia Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

17. INFORMANT (ADDRESS) Geo Kregbaum Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry, Mo. DATE 12/10, 1931

19. UNDERTAKER (ADDRESS) Lucretia Roselle

20. FILED 12/10, 1931 Lucretia Roselle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 7, 1931

I last saw him alive on Dec 7, 1931. Death is said to have occurred on the date stated above, at 10 P.M.

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

malnutrition
158 158

Date of onset

Other contributory causes of importance:

Name of operation Aspirin Date of —
What test confirmed diagnosis? Aspirin 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) Lucretia Roselle, M. D.
(Address) Perry, Mo.

