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.

FEB 23 1932

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

Do not use this space.

429

1. PLACE OF DEATH

19 County Cass — Registration District No. 157 — File No. 7

10 Township — Primary Registration District No. 4091 — Registered No. 3

2 City Pleasant Hill (No. ..... St. ..... Ward)

2. FULL NAME Minnie B Cregel

(a) Residence, No. P Hill St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: M
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1864

7. AGE: YEARS 77 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Mo 1

FATHER

13. NAME Jno Hogue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind 2

MOTHER

15. MAIDEN NAME Nat Knavin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nat Knavin 31

17. INFORMANT (ADDRESS) Mrs Mary Scott Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Strasburg DATE Jan 10 1932

19. UNDERTAKER (ADDRESS) W W Hon Pleasant Hill Mo

20. FILED Jan 9 1932 F. V. Murray M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to Jan 8, 1932

I last saw her alive on Jan 8, 1932. Death is said to have occurred on the date stated above, at 7 P m.

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

Paralysis Left Side (Cerebral Hemorrhage) — Date of onset 1-8-32

82A

82D

Other contributory causes of importance:

Name of operation ..... 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? No 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 ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) O L Conrad, M. D.

(Address) Pleasant Hill Mo