

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

Do not use this space.

869

1. PLACE OF DEATH *Holt*  
 County *Holt* Registration District No. *367*  
 Township *Union* Primary Registration District No. *2545*  
 City *Cass* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME *Dorthea Kreibel*  
 (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 *5* yrs. *5* mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. *8*

FEB 24 1932

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Carl Kreibel</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 11, 1863</i>		
7. AGE YEARS <i>68</i>	MONTHS <i>8</i>	DAYS <i>10</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>		
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) <i>Germany 10</i>		
13. NAME <i>Carl Peke</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
15. MAIDEN NAME <i>Hannah Steine</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>		
17. INFORMANT (ADDRESS) <i>C W David Craig Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Metewake Kans. Mo</i> DATE <i>Jan-22-1932</i>		
19. UNDERTAKER (ADDRESS) <i>C W David Craig Mo</i>		
20. FILED <i>Jan 21 - 1932</i> <i>J M Deavers</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 20, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan-20* 1932, to *Jan 20*, 1932  
 I last saw him alive on *Jan 20*, 1932. Death is said to have occurred on the date stated above, at *108* m.  
 The principal cause of death and related causes of importance were as follows:  
*Tuberc Pneumonia* Date of onset *1-17-32*

Other contributory causes of importance:  
*108 108*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_ *1*

24. Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify \_\_\_\_\_  
 (Signed) *J. G. Deavers*, M. D.  
 (Address) *Craig Mo*

WHITE COPY, 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.

