

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

Do not use this space.

1483

1. PLACE OF DEATH

49 County Jasper
Township Mineral
City ABC Hospital (No. _____)

Registration District No. 413
Primary Registration District No. 56592

File No. _____
Registered No. 1 (Ward)

2. FULL NAME

Amie Krall

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

Length of residence in city or town where death occurred yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1932

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

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1932, to Jan 3, 1932.
I last saw h. alive on Jan 2, 1932. Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1909
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
22 6 20

Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Pulmonary Tuberculosis
23A 1 1/2 yrs
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo

MOTHER / FATHER 13. NAME Jahn Krall

Name of operation None Date of _____
What test confirmed diagnosis Pos. Spm. Was there an autopsy? No

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

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? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

MOTHER / FATHER 15. MAIDEN NAME Mary Sut-hoff

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

Manner of injury _____
Nature of injury _____ (1)

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Thomas DATE 1 5 1932

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER (ADDRESS) Wm H. Strick

(Signed) Jane E. Douglas, M. D.
(Address) Walt City

20. FILED Jan 3, 1932 Registrar J. B. Weaver

FEB 4 1932

