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 25 1932

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

Do not use this space. 2029

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township Dawson — Primary Registration District No. 5905 — Registered No.
City (No. St. Ward)

2. FULL NAME Minnie Krewson
(a) Residence, No. 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Krewson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 9, 1900
7. AGE: YEARS 31 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 335
10. Date deceased last worked at this occupation (month and year): Jan 9 1932
11. Total time (years) spent in this occupation: 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St James Mo

FATHER
13. NAME: Fred Kunzman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York N.Y.

MOTHER
15. MAIDEN NAME: Harriett Rinehart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St James Mo

17. INFORMANT (ADDRESS): Edward Krewson St James Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE 1-15 1932
19. UNDERTAKER (ADDRESS): W E Lichlider St James Mo
20. FILED 1-15 1932 Henry F. Holters Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 13 1932
22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1931, to Jan 13 1932
I last saw her alive on Jan 13, 1932. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Albuminuria	
Renal disease	10/24/31
Puerperal Sapremia	2 days
with Endometritis	
plus shock from Trauma	
Delivery	

Other contributory causes of importance:
She lived 2 hrs after delivery

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 —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) M. E. Spurgeon, M. D.
(Address) Red Bird Mo