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.

APR 25 1932

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 7407
Township — Primary Registration District No. 1001 — Registered No. 203
City St Joseph (No. Mo Meth Hospital St. Ward)

2. FULL NAME Pattie Nell Krull
(a) Residence, No. 5104 1/2 Barbara St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1932
7. AGE YEARS 0 MONTHS 0 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

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. Child
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) St Joseph Missouri 1

FATHER
13. NAME Julis W Krull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo 2

MOTHER
15. MAIDEN NAME Anna Reno
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas 2

17. INFORMANT (ADDRESS) Julis W. Krull 5104 1/2 Barbara St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Tenn DATE Mar 1 1931
19. UNDERTAKER (ADDRESS) Fleeman Funeral Home 1946 Calhoun
20. FILED MAR 1 1932 John R. Bender 3 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1932, to Mar 1, 1932
I last saw her alive on Mar 1, 1932 Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	
157 / 158 / 159	

Other contributory causes of importance: Premature child. (1)

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) H. D. Kearby, M. D.
(Address) St Joseph Mo