

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

Do not use this space.

16941

1. PLACE OF DEATH

73 County Newton Registration District No. 615
Township Marion Primary Registration District No. 5817
City Newton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 12

2. FULL NAME

Mrs. Eva Gravelle Krutzinger
(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 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 N. C. Krutzinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Newton (STATE OR COUNTRY) Missouri

13. NAME S. P. Jensen

14. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) _____

15. MAIDEN NAME Nancy J. Bridges

16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY) _____

17. INFORMANT N. C. Krutzinger (ADDRESS) Diamond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Diamond Mo. DATE 5/4 1932

19. UNDERTAKER North City Land Co. (ADDRESS) North City Mo.

20. FILED 5-4 1932 U. S. Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from March 14, 1932, to May 1, 1932
I last saw her alive on May 6, 1932. Death is said to have occurred on the date stated above, at 8:25 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset _____

48
139c
48

Other contributory causes of importance: _____

Name of operation Hysterectomy Date of Feb 27 1932

What test confirmed diagnosis? none 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) R. P. Cheatham, M. D.
(Address) Diamond Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 24 1932

