

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

Do not use this space.

26979

1. PLACE OF DEATH  
 0 County Pettis Registration District No. 068  
 4 Township Sedalia Primary Registration District No. 3032  
 8 City Sedalia (No. Bakewell Hosp) St. \_\_\_\_\_ Ward)  
 2. FULL NAME Cora Cecil Krummhorn  
 (a) Residence, No. 1420 So. Osage 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.

File No. \_\_\_\_\_  
 Registered No. 215

SEP 26 1932

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Russell Krummhorn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 1903</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>10</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2351</u>	
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) <u>Mo. 1</u>		
MOTHER	13. NAME <u>Stephen Craig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada. 5</u>	
	15. MAIDEN NAME <u>Cora Wiley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 1</u>	
17. INFORMANT <u>Russell Krummhorn</u> (ADDRESS) <u>Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arrow Rock</u> DATE <u>8/10 32</u>		
19. UNDERTAKER (ADDRESS) <u>William Fisher</u> <u>Sedalia Mo</u>		
20. FILED <u>8-10 1932</u> <u>J. J. Love</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1932 to Aug 9 1932  
 I last saw her alive on Aug 9 1932 Death is said to have occurred on the date stated above, at 12:15 m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset  
General Peritonitis 8/7/32  
 Other contributory causes of importance:  
Gangrenous Appendix ?  
(Ruptured)  
 Name of operation Appendectomy of 8/8/32  
 What test confirmed diagnosis? Findings Was there an autopsy? no  
 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.  
no  
 Manner of injury \_\_\_\_\_  
 Nature of injury none  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify no  
 (Signed) J. B. Carlisle \_\_\_\_\_, M. D.  
 (Address) Sedalia Mo

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.

