

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.

NOV 23 1932

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

Do not use this space.

*Franklin*  
31933

1. PLACE OF DEATH  
36 County Franklin Registration District No. 297  
8 Township ..... Primary Registration District No. 2016  
7 City Washington (No. ...., St. .... Ward .....)

2. FULL NAME Arsusie Ann Kronk  
(a) Residence, No. No. 1 East Main St., St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## 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>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 26, 1892</u>				
7. AGE	YEARS <u>40</u>	MONTHS <u>1</u>	DAYS <u>13</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>pipe worker 58</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Corn Cob Pipe Co.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Sept 10 1932</u>		11. Total time (years) spent in this occupation. <u>14</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Franklin County</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>John Kronk</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Warren County</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Lissetta Euckermann.</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Warren County</u> (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Mr. John Kronk,</u> (ADDRESS) <u>Washington, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington, Mo.</u> DATE <u>Oct 11, 1932</u>				
19. UNDERTAKER <u>Otto &amp; Co.</u> (ADDRESS) <u>Washington, Mo.</u>				
20. FILE <u>Oct 10 1932</u> <u>O. L. Munnich</u> Registrar				

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1932, to Oct 9, 1932  
I last saw her alive on Oct 9, 1932. Death is said to have occurred on the date stated above, at 11:51 a.m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset  
Cerebral Hemorrhage 10-9-32  
Arteriosclerosis not known

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) O. S. Munnich, M. D.  
(Address) Washington Mo.

