

MARGIN RESERVED FOR BINDING

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.

MAY 22 1933

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

Do not use this space.

14019

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 604
 Township Primary Registration District No. 5802
 City (No.) St. Ward

2. FULL NAME Blanche Kren
 (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 Artie Kren

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-23-1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>9</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H's wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Mo.

13. NAME Ulysses Bug 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Annie Ireland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ulysses Bug 4
Monett, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mathews DATE 4-18 1933

19. UNDERTAKER (ADDRESS) Richards Ind. Co
New Madrid Mo

20. FILED 4/17 1933 W. N. O'Boannon
U.S. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1933, to 4-17, 1933.
 I last saw him alive on 4-17, 1933. Death is said to have occurred on the date stated above, at 10.00 p.m.
 The principal cause of death and related causes of importance were as follows:
Chorea
 Date of onset

Other contributory causes of importance:

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?
 If so, specify

(Signed) Donald D. Danahy M. D.
 (Address) 2125 E. St. N. St. Louis, Mo.

