Dr Dorrie

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

Do not use this space.

25981

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 174

3 Township — Primary Registration District No. 3014 — Registered No.

8 City Jefferson (No. , St. Ward)

2. FULL NAME Hilda Margaret Kraus

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-28-1893

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
40	3 2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Forelady-Bookbindery

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) Jefferson City, Mo

FATHER

13. NAME Michael Kraus

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

MOTHER

15. MAIDEN NAME Caroline Truetzel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage City, Missouri

17. INFORMANT (ADDRESS) Miss Anna Kraus Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE River View Cem DATE Aug-30- 1933

19. UNDERTAKER (ADDRESS) Thomas J. Gordon Jefferson City, Mo

20. FILED 8/24/33 1933 W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1933, to Aug 28, 1933

I last saw her alive on Aug 27, 1933. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Pneumonia

Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis

Tuberculous Peritonitis

Name of operation Names Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) P. P. Dorrie, M. D.

(Address) Jefferson City, 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.

SEP 26 1933

37