

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

Do not use this space.

30750

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland (No.)

Registration District No. 789
Primary Registration District No. 6033-B

File No.
Registered No. 253 St. Ward

2. FULL NAME

(a) Residence, No. 9525 Nescott Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. — mos. — ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1880

7. AGE YEARS 53 MONTHS 56 DAYS 3 If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) 9/31 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal, Mo

FATHER 13. NAME Anderson

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER 15. MAIDEN NAME "

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Francis R. Mc Crady 9525 Nescott Overland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Free Cem. DATE 9-4-1933

19. UNDERTAKER (ADDRESS) Brunnans Bros. Overland, Mo.

20. FILED 9/3/1933 Irene Gray M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Sept 2, 1933
I last saw him alive on Sept 1, 1933. Death is said

to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Hemorrhage of rectum
40
12-13

Date of onset 9/1-33

Other contributory causes of importance: Cancer of rectum 6 mo.

Name of operation Date of
What test confirmed diagnosis? Chemical 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) Roy A. Walther, M. D.
(Address) Overland, 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.

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