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

Do not use this space.

31886

1. PLACE OF DEATH
County Saline — Registration District No. 801 — File No.
Township — Primary Registration District No. 6044 — Registered No.
City Sweet Springs Mo. (No. St. Ward)

2. FULL NAME Estella Marie Krause

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

Length of residence in city or town where death occurred 1 yrs. 5 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child of Arthur Krause

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1931

7. AGE: Years 1 — Months 5 — Days 0 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child at Home
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) Pettis Co Mo

FATHER

13. NAME Arthur Krause
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweet Springs Mo

MOTHER

15. MAIDEN NAME Flora Stephens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

17. INFORMANT Arthur Krause
(ADDRESS) Sweet Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sweet Springs Mo DATE 9-30 1933

19. UNDERTAKER Jesse Harvey
(ADDRESS) Sweet Springs Mo

20. FILED 9-29 1933 Rose C Harrison
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933 to Sept 28 1933
I last saw her alive on Sept 27 1933 Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious Diarrhea	Sept 9 1933

Other contributory causes of importance:

Name of operation None 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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —

(Signed) A J Hungate, M. D.
(Address) Sweet Springs 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.