

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

Do not use this space.

32576

238

1. PLACE OF DEATH

County Bole
Township _____
City Jefferson (No. _____)

Registration District No. 213
Primary Registration District No. 3014

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-30-1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 10 26

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

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) Bay Mo

13. NAME John Ben. Kreter

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

15. MAIDEN NAME Willibelle Thompson

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

17. INFORMANT John Ben. Kreter (ADDRESS) Bay Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Sterling Mo DATE Oct. 29 1933

19. UNDERTAKER W. F. Gettistracter (ADDRESS) Opweville Mo

20. FILED 11/13/33 1933 J. C. [Signature] Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1933, to Oct 26, 1933

I last saw h imply on Oct. 26, 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:

Pneumonia appendicitis
Peritonitis

Date of onset _____

Other contributory causes of importance:
121A
121B
121C
129

Name of operation Appendectomy Date of Sept. 1933

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) [Signature], M. D.

(Address) [Address]

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 10 1933

