

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

Do not use this space.

35305

1. PLACE OF DEATH
 97 County Saline Registration District No. 801
 9 Township _____ Primary Registration District No. 4480
 2 City Sweet Spring (No. _____ St. _____ Ward _____)

2. FULL NAME Elenora Krause
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>18</u>	<u>1</u>	<u>17</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Sept 23, 1933 11. Total time (years) spent in this occupation. 2 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

13. NAME Louis Krause

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

15. MAIDEN NAME Katherine Lemler

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

17. INFORMANT Louis Krause
(ADDRESS) Sweet Spring Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funeral DATE Oct 3 1933

19. UNDERTAKER R. C. Carter
(ADDRESS) Sweet Spring Mo

20. FILED 10-2 1933 R. C. Harman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to Oct 1 1933
 I last saw her alive on Sept 30 1933. Death is said to have occurred on the date stated above, at 4:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Septic Sepsis
Including Heart Failure
 Date of onset _____

Other contributory causes of importance: 1150

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 _____
 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) Dr. M. D. M. D.
 (Address) Sweet Spring Mo

PRINT 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.

NOV 10 1933

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