

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

Do not use this space.

39684

1. PLACE OF DEATH

County Franklin Registration District No. 292
 Township New Haven Mo Primary Registration District No. 4-176
 City New Haven Mo (No. _____) St. _____ Ward _____

2. FULL NAME Charles Kruse

(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 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Christina Kruse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5 - 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>7</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St Louis Mo
 (STATE OR COUNTRY)

13. NAME Henry Kruse

14. BIRTHPLACE (CITY OR TOWN) St. Germain
 (STATE OR COUNTRY)

15. MAIDEN NAME Christina Dugmeyer

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

17. INFORMANT (ADDRESS) Mrs. Freda Buehler

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Evangelical DATE 12-10-1933

19. UNDERTAKER (ADDRESS) W. G. Dertig, 214 North 4th St, New Haven Mo

20. FILED Dec 8, 1933 J. J. Grawman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Dec 6, 1933
 I last saw him alive on Dec 6, 1933 Death is said to have occurred on the date stated above, at 6 P m.
 The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia
107A
 Other contributory causes of importance: 107B
 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 _____, 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) W. G. Cumberck, M. D.
 (Address) New Haven 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.

JAN 4 1934

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