WRITE PLAINLY, 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.

JAN 26 1934

86

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

Do not use this space.

41062

1. PLACE OF DEATH

County Putnam — Registration District No. 718 — File No.

Township Jackson — Primary Registration District No. 5949 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Edward Kruse

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

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: Male
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) February 11 1865

7. AGE: 68 YEARS — MONTHS: 10 — DAYS: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent in this occupation no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER

13. NAME Edward Kruse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs Nellie Trimmer Lucerne Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Unionville DATE Dec 19 1933

19. UNDERTAKER (ADDRESS) Comstock Merc Co Unionville Mo

20. FILED Dec 19 1933 N. W. Gillum Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 11th, 1933, to Dec. 13th, 1933

I last saw him alive on Dec 13th, 1933. Death is said to have occurred on the date stated above, at 10.20 P.m.

The principal cause of death and related causes of importance were as follows:

Edema 7 Lungs
Valvular Insufficiency
92A
111B

Date of onset: Do not know

Other contributory causes of importance: General Diseases

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? .....

If so, specify .....

(Signed) F D Rice, M. D.

(Address) Lucerne Mo