

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

Do not use this space.

5606

FEB 27 1934

1. PLACE OF DEATH

County Lincoln
Township 1
City Old Monroe (No.)

Registration District No. 492
Primary Registration District No. 562

File No. 229
Registered No.
St. Ward)

2. FULL NAME Charles H. Kreeger

(a) Residence, No. Old Monroe St. Ward.

Length of residence in city or town where death occurred 30 yrs. 0 mos. ds. How long in U. S., if of foreign birth? 50 yrs. - mos. - ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>white</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>Mrs. Martha Kreeger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16 - 1879</u>		
7. AGE	YEARS <u>54</u>	MONTHS <u>11</u>
	DAYS <u>20</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>Merchant</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.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1934
22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1934, to 2-6, 1934.
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
824
Sept 1898
Date of onset

Other contributory causes of importance:
824
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) [Signature], M. D.
(Address) Old Monroe Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	13. NAME <u>Gottlieb Kreeger</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Koersting</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Mrs. Martha Kreeger</u> (ADDRESS) <u>Old Monroe Mo</u>
	18. BURIAL, CREMATION, OR REMOVE PLACE <u>Old Monroe Mo</u> DATE <u>2-9</u> , 19 <u>34</u>
	19. UNDERTAKER <u>Wichle & Keithly</u> (ADDRESS) <u>Old Monroe Mo</u>
	20. FILED <u>2/7</u> , 19 <u>34</u> <u>[Signature]</u> Registrar.

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.

THIS IS A PERMANENT RECORD

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