

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

Do not use this space.

24100

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. 200

File No. 3367
Registered No. _____
Ward _____

2. FULL NAME

(a) Residence, No. 642 W. Calhoun 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 ♂ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1890
7. AGE YEARS 73 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Greene (STATE OR COUNTRY) Missouri

13. NAME Malina Kraeber

14. BIRTHPLACE (CITY OR TOWN) Greene (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Malina Kaysath

16. BIRTHPLACE (CITY OR TOWN) Greene (STATE OR COUNTRY) Missouri

17. INFORMANT John Malidor (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys DATE 7/14 1934

19. UNDERTAKER Legada, Homer (ADDRESS) Springfield Mo

20. FILED 7-17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12 1934

22. I HEREBY CERTIFY, That I attended deceased from July 8 1934, to July 12 1934
I last saw him alive on July 17 1934 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:

Myocarditis, chronic
97
93
Other contributory causes of importance:
General Adeno Sclerosis

Name of operation None 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) E. W. Merrinden, M. D.

(Address) Springfield, Mo

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.

AUG 8 1934

FEB 21 1951