

NOV 9 1934

Dr. Kelly

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

Do not use this space.

35567

**1. PLACE OF DEATH**

County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City Jefferson City (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 280**2. FULL NAME** Rosalin Krummen

(a) Residence, No. Folk, Missouri 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

**6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 2, 1919

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
15 5 6

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

**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) (STATE OR COUNTRY)** Taos, Missouri**13. NAME** Ben Krummen**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Taos, Missouri**15. MAIDEN NAME** Gertrude Mertens**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Osage Bluff, Mo.**17. INFORMANT** Miss Bernadine Krummen  
(ADDRESS) R. R. #3 Jeff City, Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE Folk, Mo. DATE Oct. 10, 1934**19. UNDERTAKER** Heinrichs Funeral Home  
(ADDRESS) Jefferson City, Mo.**20. FILED** 10/19/1934 Dr. Kelly  
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Oct. 8, 1934**22. I HEREBY CERTIFY**, That I attended deceased from Sept. 18<sup>th</sup> 1934, to Oct. 8<sup>th</sup> 1934I last saw her alive on Oct. 8<sup>th</sup> 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:

Date of onset

Thyrototoxicosis  
Diffuse Colloid goiter (toxic)  
 Subtotal Thyroidectomy Oct 6/34

Other contributory causes of importance: \_\_\_\_\_

Name of operation Subtotal Thyroidectomy 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) Thomas J. Kelly, M. D.(Address) Jefferson City, 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.

