

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

Do not use this space.

36289

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township        Primary Registration District No. 100  
 City Kansas City (No. 4220 Main) St.        Ward       

File No. 4701  
 Registered No.       

**2. FULL NAME Louis J. Krause**

(a) Residence, No. 4220 Main St.        Ward.         
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs.        mos.        ds. How long in U. S., if of foreign birth?        yrs.        mos.        ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Ma. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mrs. Louise Krause  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th, 1861  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs or .....min  
73 7 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 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)        Missouri

FATHER 13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

MOTHER 15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mrs. Louise Krause (ADDRESS) 4220 Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 11-1 19

19. UNDERTAKER J. S. Berry (ADDRESS) City

20. FILED 10/31 19 3407 N. McCarroll Asst. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31/34, 19 34  
 22. I HAVE BEEN A PHYSICIAN THAT I ATTENDED DECEASED FROM Sept 10/31/34 19 34  
 I first saw him        alive on       , 19 34. 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:  
Brain disease  
Chronic bronchitis  
        
 Other contributory causes of importance:  
        
 Name of operation        Date of         
 What test confirmed diagnosis        Where an autopsy         
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?        Date of injury       , 19 34  
 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)       , M. D.  
 (Address)       

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.

