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.

NOV 13 1934

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

Do not use this space.

36918

80

1. PLACE OF DEATH
County Pettis
Township Washington
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 664
Primary Registration District No. 5884

File No. .....
Registered No. 23

2. FULL NAME Mrs Catherine Martins Krohn

(a) Residence, No. ..... 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William Krohn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 26th 1871

7. AGE 63 YEARS | 1 MONTHS | 1 DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Germany

FATHER
13. NAME: Martins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Bock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): William Krohn, Ionia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Cemetery DATE 10-30-34, 19..

19. UNDERTAKER (ADDRESS): E L Eickhoff, Cole Camp Mo

20. FILED Oct 31, 1934 G R. Shelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 27 - , 1934

22. I HEREBY CERTIFY, That I attended deceased from July - 2, 1934 to Oct - 27 -, 1934
I last saw her alive on Oct - 27 -, 1934 Death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the Stomach

Date of onset

Other contributory causes of importance:

46

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Oren L. Cuddy, M. D.
(Address) Lincoln Mo.