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

Do not use this space.

(1)

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No. 40049-A
Township ~~Mason~~ — Primary Registration District No. 3029 — Registered No. 340
City Hannibal, Mo. (No. Levering Hospital St. Ward)

2. FULL NAME Bert Krigbaum
(a) Residence, No. 1515 Martin St. 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: Male
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: Della Krigbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27, 1870

7. AGE: YEARS 64 — MONTHS 6 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal miner Perry
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo., Coal Co.
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): Frankford, Mo.

FATHER
13. NAME: Andrew Krigbaum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls County, Mo.

MOTHER
15. MAIDEN NAME: Sarah Goodnight
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Monroe County, Mo.

17. INFORMANT (ADDRESS): Clive Krigbaum, Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cem. DATE Nov. 26, 1934

19. UNDERTAKER (ADDRESS): Roy P. Schwartz, Hannibal, Mo.

20. FILED Dec. 3, 1934 R. W. Isbister, Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30th, 1934, to Nov. 24th, 1934
I last saw him alive on Nov. 23, 1934. Death is said to have occurred on the date stated above, at 10:50 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis. — Date of onset

93C

93C

Other contributory causes of importance:
Ascites

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) C. E. Salyer, M. D.
(Address) Hannibal, 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.