

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

Do not use this space.

2280

MAR 4 1935

1. PLACE OF DEATH

County Nodaway Registration District No. 626 629 File No. _____
 Township Jackson Primary Registration District No. 5828 5831 Registered No. _____
 City Barnell (No. _____) St. _____ Ward _____

2. FULL NAME Samuel Alexander Krugh

(a) Residence, No. _____ St. _____ Ward Barnell Mo
 (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 Phrana E. Krugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 9

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

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) About 15 yrs. ago 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

13. NAME John Krugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Co. Pennsylvania

15. MAIDEN NAME Mary - last name unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland Co. Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Grace Simmons Barnell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barnell, Mo. DATE Jan. 30, 1935

19. UNDERTAKER (ADDRESS) A. J. Poff Co. Barnell, Mo.

20. FILED Jan 30 1935 Hallac Kennedy Registrar
S.P. Ross

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 - 1934, to Aug 26 - 1934

I last saw him alive on Aug 26, 1934. Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma under right jaw bone Date of onset 1 year

Records HS

Other contributory causes of importance: Please note above, I saw the patient last time on August 26 - 1934 - Dr. Stearns

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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 _____

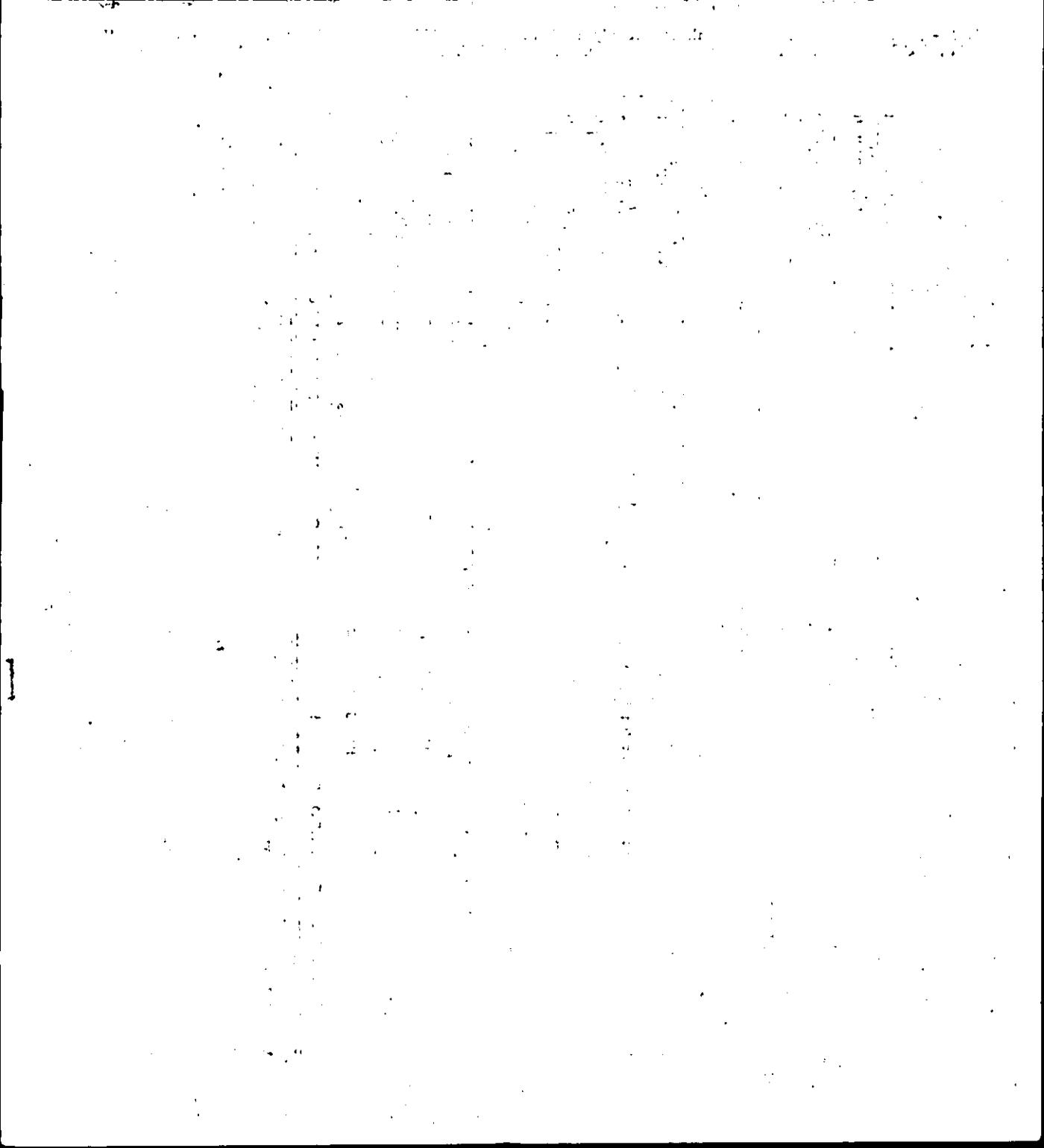
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) William G. Stearns, M. D.

(Address) Barnell, 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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison
Township Jackson
City Jackson (No. _____ St. _____ Ward _____)

Registration District No. 629
Primary Registration District No. 5831

File No. 360
Registered No. 2

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

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. (If nonresident, give city or town and State)

Samuel Alexander Kueh
Purnell mo

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phrona E Kueh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1854

7. AGE YEARS 80 MONTHS 2 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) 10/15 yrs ago
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un kn Penn

FATHER 13. NAME John Kueh

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puntdland Co Penn

MOTHER 15. MAIDEN NAME Mary (un)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Puntdland Co Penn

17. INFORMANT (ADDRESS) Mrs Grace Simmons Purnell mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Purnell mo DATE Jan 30 1935

19. UNDERTAKER (ADDRESS) A. J. Poole & Co Purnell mo

20. FILED Apr. 16, 1935 A. P. Ross Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1935

22. I HEREBY CERTIFY That I attended deceased from Aug 22 1934 to Aug 26 1934
I last saw him alive on Aug 26 1934. Death is said to have occurred on the date stated above, at 3:55 P M.
The principal cause of death and related causes of importance were as follows:

Carcinoma under Date of onset 12 yr
left jaw bone

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physl 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) William A. Staves
(Address) Purnell mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

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