

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

Do not use this space.

1 FEB 27 1935

2349

1. PLACE OF DEATH
 County Perry Registration District No. 662
 Township Johns Primary Registration District No. 5880
 City Johns (No. _____) St. _____ Ward _____

2. FULL NAME John William Krueger
 (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 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) Mattha Maria Krueger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd, 1882

7. AGE YEARS <u>52</u>	MONTHS <u>3</u>	DAYS <u>6</u>	If LESS than 1 day, _____ hrs. or _____ min.
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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. Farm

10. Date deceased last worked at this occupation (month and year) March 1934 11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Friburg Minn

13. NAME John Krueger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Ella Plass

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs John Krueger
Farrar Corn

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Farrar Corn DATE Jan 13 1935

19. UNDERTAKER (ADDRESS) Young & Fenwick
Des Moines Mo

20. FILED 1-12- 1935 J. J. DeLassus
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24th 1934 to Jan 9th 1935
 I last saw him alive on January 3rd 1935 Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Rheumatic Heart Disease
 Date of onset 12-2-34
15 years

Other contributory causes of importance:
75 62

Name of operation None Date of _____
 What test confirmed diagnosis? Auscultation 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) Theodore Bischer M. D.
 (Address) Atterburg, 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.

