

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

Do not use this space.

15975

1. PLACE OF DEATH

County Cooper
Township Boonville
City Boonville (No. _____)

Registration District No. 218
Primary Registration District No. 3010

File No. _____
Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

Basile Frank Krupp

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1935
7. AGE YEARS 2 MONTHS 10 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Tipton (STATE OR COUNTRY) Missouri

13. NAME Peter Krupp

14. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emma Kramer

16. BIRTHPLACE (CITY OR TOWN) Tipton (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Quita Heckerman (ADDRESS) Pilot Grove, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Andrews Cem Mo DATE May 24 1935

19. UNDERTAKER Hays & Stocklein (ADDRESS) Pilot Grove, Mo

20. FILED May 23 1935 W. B. Boyworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16 1935 to May 23 1935

I last saw deceased alive on May 22 1935. 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:

Voluntarily of unknown cause Date of onset _____

Other contributory causes of importance: intestinal obstruction

Name of operation Abdominal Date of May 16

What test confirmed diagnosis? Spinal 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) Alfred Roe-sway, M. D.

(Address) Boonville Mo

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.

