

Oct 30 1935

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

Do not use this space.

30197

1. PLACE OF DEATH

County Morgan
Township Waverly
City (No. _____) _____

Registration District No. 919
Primary Registration District No. 5793a

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Otto Edwin Kroesheu

(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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 8 8

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) (STATE OR COUNTRY) Morgan Co mo

13. NAME Edwin Kroesheu

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co mo

15. MAIDEN NAME onatie Windler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co mo

17. INFORMANT (ADDRESS) Louis Windler

18. BURIAL, CREMATION, OR REMOVAL PLACE Plymouth Cem. Steyer, Mo. Sept 30 1935

19. UNDERTAKER (ADDRESS) C. R. Papp & Son Steyer, Mo.

20. FILED Oct 10th 1935 Wm. Ripberger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to Sept 29 1935

I last saw him alive on Sept 29 1935. Death is said to have occurred on the date stated above, at 5:48 m.

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

Hydrocephalus chronic Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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? no

If so, specify _____ (Signed) S. M. Newton, M. D.

(Address) Verailles 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.

