APR 23 1936

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

Do not use this space.

10627

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 12403
City Kansas City Mo (No. St Luke's Hosp St. Ward)

2. FULL NAME Mrs Minnie E Krum
(a) Residence, No. Lawrence Kans 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: R. D. Krum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 15 - 1885

7. AGE: YEARS 50 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): 1936 Jan
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tet

FATHER
13. NAME: Wilson McElhaney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tet

MOTHER
15. MAIDEN NAME: Ellen Gardner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tet

17. INFORMANT (ADDRESS): R. D. Krum, Lawrence Kans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence Kans DATE Mar 12 1936

19. UNDERTAKER (ADDRESS): Lumsey Funeral Home, Lawrence Kans

20. FILED Mch 10 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3 - 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-28-36, 19..., to 3-10, 1936
I last saw h..... alive on 3-10, 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	1 Day
Biliary Cirrhosis	1 Yr
12 Hr	

Other contributory causes of importance:
Hemorrhagic into Intestinal Tract from Biliary Cirrhosis — 1 Day

Relief
Name of operation: Common Duct Obstruction — Date of 2-3-36
What test confirmed diagnosis? autopsy — Was there an autopsy? Yes

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) [signature], M. D.
(Address) St Luke's Hospital

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.