

APR 23 1936

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

Do not use this space.

10815

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kanawha Primary Registration District No. 1007
City Kansas City (No. 2 C Gen. Hosp) St. _____ Ward _____

File No. _____
Registered No. 1489
St. _____ Ward _____

2. FULL NAME

Fluence Krieder
(a) Residence, No. 431 Garland St. _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
5. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28 - 1892</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>1</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1936
22. I HEREBY CERTIFY, That I attended deceased from 3-16 1936 to 3-17 1936
I last saw her alive on 3-17 1936 Death is said to have occurred on the date stated above, at 3:20 P.M.
The principal cause of death and related causes of importance were as follows:

Myocardial - left; Complete Atelec-ta - sis of left lung; Access of left lung Non-tuberculous.

Other contributory causes of importance:

1106

Date of onset

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Chas. Louis</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Mrs. Wood</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT <u>Reverend Clerk</u> (ADDRESS) <u>2 C Gen Hosp</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>3-14 1936</u>	
19. UNDERTAKER <u>Mrs. C. E. Forster</u> (ADDRESS) <u>916 S. 2nd St. Kansas City</u>	
20. FILED <u>Mar 17 1936 M. M. Cron</u> Registrar.	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) 2 C Gen Hosp

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.

STATE PRINTING PLANT—CHICAGO—THIS IS A PERMANENT RECORD

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