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.

JUN 22 1936

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

Do not use this space.

19952

File No.

Registered No. 54 5

1. PLACE OF DEATH

County Ruin

Township

City Brookfield Hospital (If not in hospital, give street address instead of ward) St. Ward)

Registration District No. 496

Primary Registration District No. 3025

2. FULL NAME Theresa Krumpleman

(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: Female

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) Dec 17-1892

7. AGE: Years 43 | Months 4 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Charlton Co Mo

FATHER

13. NAME Bernard Krumpleman

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

MOTHER

15. MAIDEN NAME Margaretha Welp

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

17. INFORMANT Agnes Krumpleman
(ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hilliard DATE May 4 1936

19. UNDERTAKER Jas M Laughlin
(ADDRESS) Marceline Mo

20. FILED June 9 1936 J H Hucas M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936, to May 1, 1936

I last saw h. alive on May 1, 1936. Death is said to have occurred on the date stated above, at 9 25 a.m.

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

	Date of onset
Chronic Interstitial Nephritis	1935
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Other contributory causes of importance:
Valvular Insufficiency (Cardiac)
Epileptic state

Name of operation Date of
What test confirmed diagnosis? Clin 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) M. L. Dickroeger, M. D.
(Address) Marceline Mo

Kroeger