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.

AUG 18 1936

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

Do not use this space.

30377

1. PLACE OF DEATH
County Cooper Registration District No. 222 File No. 12
Township Pilot Grove Mo Primary Registration District No. 4135 Registered No.
City Pilot Grove (No. , St. Ward)

2. FULL NAME Andrew Gloyd Krumm
(a) Residence, No. Pilot Grove, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Rosa May Krumm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8-1870

7. AGE YEARS 65 MONTHS 1 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Carpenter
10. Date deceased last worked at this occupation (month and year) Aug 6-1936
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Green Missouri

FATHER
13. NAME Gregory Krumm
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Mary Zellar
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Mrs A. G. Krumm Pilot Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Joseph Cem DATE June 10 1936

19. UNDERTAKER (ADDRESS) Hays Stoecklin Co Pilot Grove Mo

20. FILED June 10 1936 Mrs. E. B. McCutcheon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to Aug 6, 1936
I last saw him alive on Aug 6, 1936 Death is said to have occurred on the date stated above, at 7:40 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
948	

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical Symptoms 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 No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas Sandy, M. D.
(Address) Pilot Grove Mo