

MISSOURI STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

JAN 28 1937

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph,

Primary Registration District No. 1001

City St. Joseph,

(No. Missouri Methodist Hospital)

File No. 43902

Registered No. 1598

St. _____ Ward _____

2. FULL NAME

Lydia Kost Krumme

(a) Residence, No. 2425 Olive St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Frederick C. Krumme

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15, 1858

7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION	<p>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u></p> <p>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</p> <p>10. Date deceased last worked at this occupation (month and year)</p> <p>11. Total time (years) spent in this occupation</p>	
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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington, Ill.

13. NAME Ben John K. Kost

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

15. MAIDEN NAME Magdalena Kley

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

17. INFORMANT (ADDRESS) Herbert F. Krumme St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Jan. 2, 1937

19. UNDERTAKER (ADDRESS) Walter Moerschlager 1302 Faraon St. St. Joseph, Mo.

20. FILED 1-2 1937 W. Krumme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MCNTH, DAY, AND YEAR) Dec. 31, 1936

22. I HEREBY CERTIFY That I attended deceased from July 21 1936 to Dec 31 1936
I last saw the dec. alive on Dec 31 1936 Death is said to have occurred on the date stated above, at 4.00 m. P.M.

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

Arteriosclerosis General
Myopericarditis
Arteriosclerotic heart disease
Arteriosclerotic kidney disease

Other contributory causes of importance:
Cerebral hemorrhage (left hemiplegia) 7-21-36
Arteriosclerotic gangrene left lower extremity Sept 1936

Name of operation Amputation left lower extremity Date of 10-17-36
What test confirmed diagnosis? clinical 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? No
If so, specify _____
(Signed) J. C. Larson, M. D.
(Address) Rock Island Bldg., St. Joseph, 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.

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