

1937

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

Do not use this space.

44212

1. PLACE OF DEATH

County Cooper
Township Lead Creek
City Pilot Grove, Mo.

Registration District No. 228-150
Primary Registration District No. 4106

File No.
Registered No. 42
St. Ward)

2. FULL NAME

Daniel Frank Kraus

(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 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/36

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Frances Kraus

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1936 to Dec 16 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12-1894

I last saw him alive on Nov 30 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.

7. AGE YEARS 42 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

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

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

Pulmonary Tuberculosis Date of onset Sept 16 36

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) Jan 1936 11. Total time (years) spent in this occupation. 25

Other contributory causes of importance: Tuberculosis of the Larynx

12. BIRTHPLACE (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Missouri

13. NAME Henry Kraus

14. BIRTHPLACE (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Weasing

16. BIRTHPLACE (CITY OR TOWN) Pilot Grove (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Viktor Klendler (ADDRESS) Pilot Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St John's Cem. DATE Dec 17 36

19. UNDERTAKER Hays & Stockley (ADDRESS) Pilot Grove, Mo.

20. FILED 12/16/36 St. B. Rieder Registrar.

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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 —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) H. C. Gordon, M. D.
(Address) Pilot Grove, Mo.

Exact statement of OCCUPATION is very important.

