

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
 4 County Polk Registration District No. 710 File No. 17315
 Township Mooney Primary Registration District No. 5739 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Anton Leo Kroutie
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-28-1936
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 1 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1937
 22. I HEREBY CERTIFY, That I attended deceased from April 28 1937, to Apr 29 1937
 I last saw him alive on April 29 1937. Death is said to have occurred on the date stated above, at 11:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia of both lungs. Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar mo
 13. NAME Fred Kroutie
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar mo
 15. MAIDEN NAME Helen Riszicka
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar mo
 17. INFORMANT Fred Kroutie
 (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE Karlin DATE Apr 30, 1937
 19. UNDERTAKER Hutchison Blue
 (ADDRESS) May 8, Bolivar
 20. FILED May 8, 1937 E. Stelle Benton
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) W. E. Albright, M. D.
 (Address) Pleasant Hope 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.

601

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Palestine
Township Moorey
City (No.) St. Ward)

Registration District No. 710
Primary Registration District No. 3939

File No. 17318
Registered No.

2. FULL NAME

Anton Geo. Kroustai

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf

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

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

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

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

FATHER 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILE May 87 1937 Estelle Benton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19..... Death is said to have occurred on the date stated above, at m. The principal cause of death and related causes of importance were as follows:

Supplementary
Bifurcation of both lungs
from whooping cough
Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? 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? If so, specify W. E. Albright M. D. (Signed) Pleasant Hope mo (Address)

REGISTERS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

may be properly assumed. Exact statement of OCCUPATION is very important.

