

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

Do not use this space.

MAY 31 1937

17712

1. PLACE OF DEATH

County Schuyler
Township Franklin
City Quincy (No. 040)

Registration District No. 866
Primary Registration District No. 1455

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1862

7. AGE YEARS 75 MONTHS 0 DAYS 29 If LESS than 1 day, hrs. or min.

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

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) 1930 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forest City, Mo.

13. NAME Mat Krausm

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

15. MAIDEN NAME Mat Krausm

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

17. INFORMANT (ADDRESS) Jarger Simmons

18. BURIAL, CREMATION, OR REMOVAL PLACE Truman Cemetery DATE 4/17 1937

19. UNDERTAKER (ADDRESS) Wm. J. Jones

20. FILED 4/16 1937 J. J. Jones Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16 1937, to April 16 1937. I last saw h. alive on April 16 1937. Death is said to have occurred on the date stated above, at 12:45 p.m.

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

Stroke Apoplexy

Other contributory causes of importance: 82

Name of operation ✓ Date of Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury Mo. 1937

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 5

24. Was disease or injury in any way related to occupation of deceased? If so, specify ✓ (Signed) D. J. Downey, M.D. (Address) Downing, Mo. Coroner

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

