NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County JACKSON — Registration District No. 398 — File No. 37843
Township ~~BLUE~~ — Primary Registration District No. 3019 — Registered No. 340
City INDEPENDENCE, MO. (No. 1021 WEST LINDEN St. Ward)

2. FULL NAME NELLIE CATHRINE KRUSE
(a) Residence, No. 1021 WEST LINDEN St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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: HENRY KRUSE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 16, 1860

7. AGE: YEARS 77 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME
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): HANNIBAL MISSOURI

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

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

17. INFORMANT (ADDRESS): GEORGE KRUSE 2102 STERLING

18. BURIAL, CREMATION, OR REMOVAL
PLACE WOODLAWN CEM. DATE OCT., 21, 1937

19. UNDERTAKER (ADDRESS): GEORGE C. CARSON FUNERAL HOME INDEPENDENCE, MISSOURI.

20. FILED 10-26-1937. F. L. Cook. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): OCTOBER 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1937, to 10.20, 1937
I last saw her alive on 10-19, 1937. Death is said to have occurred on the date stated above, at 4:50A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomache	6.36
46	

Other contributory causes of importance:
Hypertension
Chr myocarditis
Chr nephritis

Name of operation none 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? no
If so, specify
(Signed) George M Polk, M. D.
(Address) 11037 Winner Indep 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.