

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Wright
Township Butch Creek
City _____ (No. _____)

Registration District No. 906
Primary Registration District No. 16248

File No. 39099
Registered No. 43
St. _____ Ward _____

2. FULL NAME Alvin Eugene Krause

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 8 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) June 1937 11. Total time (years) spent in this occupation Life

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

13. NAME John Krause

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. A. Krause (ADDRESS) Hartsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Krause Cem DATE Sept 21, 1937

19. UNDERTAKER (ADDRESS) Gene E. Hildebrand Hartsville, Mo

20. FILED Nov 6, 1937 Carlyle Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1937

22. I HEREBY CERTIFY, that I attended deceased from June 15, 1937 to Sept 19, 1937. I last saw him alive on Sept 19, 1937. Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Uterocelosis Date of onset _____
arteriosclerosis
Cardiac Angina
Diabetes

Other contributory causes of importance: HTA

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. H. Murrell M.D.
(Address) Hartsville, 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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