DEC 21 1937

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

Do not use this space.

File No. 41671

Registered No. 116

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. St. Ward)

Registration District No. 431 1
Primary Registration District No. 3023

2. FULL NAME Lourenza Krohn

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1877

7. AGE: Years 60 | Months 4 | Days 0 | If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Jerry B. Brosius
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER
15. MAIDEN NAME Eppie Brosius
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton Mo.

17. INFORMANT (ADDRESS) Henry Krohn Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Nov. 4 1937

19. UNDERTAKER (ADDRESS) Sweeney-Phillips Warrensburg, Mo.

20. FILED Nov 4 1937 Ethan Hinkley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1937, to Nov 1, 1937
I last saw h. alive on 11-1, 1937. Death is said to have occurred on the date stated above, at 11:40 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured cardiac infarct	11-1-37
Coronary occlusion	10-28-37

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Physical 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) R. F. McKinney M. D.
(Address) Warrensburg 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.