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.

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

Do not use this space.

1954

1. PLACE OF DEATH
County Bates — Registration District No. 53 — File No. One
Township — Primary Registration District No. 3005 — Registered No.
City Rich Hill (No. 0 St. Ward)

2. FULL NAME ~~Catherine Kreeger~~ Katherine Kreeger 626
(a) Residence, No. 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: [illegible]
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Philip Kreeger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 12 1856

7. AGE: 81 YEARS — MONTHS: 1 — DAYS: 21 — 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.
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): mo

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

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

17. INFORMANT (ADDRESS): C. F. Kreeger, Rich Hill Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn — DATE: Jan 5 1938

19. UNDERTAKER (ADDRESS): Pond & Reavley, Rich Hill Mo.

20. FILED: Jan 4, 1938 — Registrar: [signature]

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1936, to Jan 3, 1938
I last saw her alive on Jan 3, 1938. Death is said to have occurred on the date stated above, at 2:05 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 1 38
Hypertension	
Mitral Insufficiency	

Other contributory causes of importance:

92a

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 [illegible] related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) Rich Hill Mo.

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH