

REC'D MAR 25 1938

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

Do not use this space.

8330

1. PLACE OF DEATH

County Shelby
Township Black Creek
City Shelbyville (No. _____)

Registration District No. 584
Primary Registration District No. 1254

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Picilla Ann Kriebie 1931

(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 F. J. Kriebie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-1-1864

7. AGE YEARS 74 MONTHS _____ DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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) Knox Co. Mo.

13. NAME Thornton Norris

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

15. MAIDEN NAME Nancy S. Deer

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

17. INFORMANT F. J. Kriebie, Jr. (ADDRESS) Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Albans DATE Feb-13-1938

19. UNDERTAKER Ep. Undertaker (ADDRESS) Shelbyville, Mo.

20. FILED Feb 13 1938 Pearl Goe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-11-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1938, to Feb 11, 1938

I last saw her alive on Feb 11, 1938. Death is said

to have occurred on the date stated above, at 3:00 p.m.

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

Chronic interstitial nephritis Date of onset ?

Other contributory causes of importance:

Arteriosclerosis ?
Pericarditis ?

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) O. C. Greiner, M. D.

(Address) Shelbyville, 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.

