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.

REC'D MAY 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Holt
Township ~~Lewis~~
City Oregon (No. ..., ... St. ..... Ward)

Registration District No. 373
Primary Registration District No. 4219

File No. 14772
Registered No. 8

2. FULL NAME Harry Ellsworth Kreek 620

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Anna Spoerle Kreek

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1865

7. AGE: YEARS 72 | MONTHS 7 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery & Dry Goods
10. Date deceased last worked at this occupation (month and year) Sept. 1930
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Missouri

FATHER
13. NAME Thomas Isreal Kreek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

MOTHER
15. MAIDEN NAME Elizabeth Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Thomas I. Kreek Oregon, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon DATE Apr. 10, 1938

19. UNDERTAKER (ADDRESS) Lester Pettijohn Oregon, Missouri

20. FILED 4-9- 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1930, to April 10, 1938
I last saw him alive on April 10, 1938. Death is said to have occurred on the date stated above, at 8:10 A M
The principal cause of death and related causes of importance were as follows:

	Date of onset
aortic insufficiency	7/1/30
Other contributory causes of importance: Bronchiectasis	7/1/30

92a

Name of operation none Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) E. F. Kearney, M. D.
(Address) Oregon Mo