

REC'D OCT 24 1938

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

## 1. PLACE OF DEATH

 54 County *Lafayette* 2 Registration District No. *457* File No. *32570*  
 Township *Concordia* Primary Registration District No. *4971* Registered No. *90*  
 2 City *Concordia* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

 0 *Sophia Betina Kraencke* 65  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 *Female* 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 *Widow*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 23-1855*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*83 5 25*

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housewife*

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) *Concordia Mo*

 MOTHER 13. NAME *Mrs. Gertrude* 0

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany* 6

 15. MAIDEN NAME *Caroline Dicking* 6

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

 17. INFORMANT (ADDRESS) *H. F. Kraencke Concordia Mo.*

 18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Pauls* DATE *9/20 38*

 19. UNDERTAKER (ADDRESS) *Hering & Vait Concordia*

 20. FILED *Sept 14, 1938* *D. J. Thymann* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 17, 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *Sept 13, 1938* to *Sept 17, 1938*

 I last saw her alive on *Sept 17, 1938* Death is said to have occurred on the date stated above, at *2:30 p.m.*

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

*Uremia* Date of onset \_\_\_\_\_

Other contributory causes of importance:

*Nephritis*

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? *No* If so, specify \_\_\_\_\_

 (Signed) *J. Johnston*, M. D. (Address) *Concordia*

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

132a

REIVED  
ct Health Officer No. 8,  
File Number  
Filed 10/5/38

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

32570

Do not use this space.

1. PLACE OF DEATH

(a) County Rafayette Registration District No. 457  
 (b) Township ..... Primary Registration District No. 4271 Registered No. 20  
 (c) City Concordia (d) Street No. .... St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Saphia Betine Kroenke

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid  
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 0- 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1988

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19...  
 I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at..... m.

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

Myocardia  
130-  
 Other contributory causes of importance:  
nephritic acute  
n.m.o.

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 T. C. Johnston (Signed) ....., M. D.  
Concordia (Address) mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

The information on this certificate is very important.

S-32570