

DESL NOV 14 1938

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

36257  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Marion Registration District No. 547  
 (b) Township Wagon Primary Registration District No. 307 Registered No. 257  
 (c) City Hannibal (d) Street No. Severing Hospital 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.  
 621  
 2. PRINT FULL NAME Leah May Krigbaum  
 (a) Residence, No. Berry Pike, Illinois (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 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 Ed. Krigbaum  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1898  
 7. AGE YEARS 40 MONTHS 5 DAYS 21 IF LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. forest  
 10. Date deceased last worked at this occupation (month and year) Sept. 1938 11. Total time (years) spent in this occupation 22  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9  
 FATHER 13. NAME Wm. Peterson 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9  
 MOTHER 15. MAIDEN NAME Beulah Turner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT Russell Krigbaum  
 (ADDRESS) Berry, Ill.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Berry, Ill. DATE Oct. 5, 1938  
 19. FUNERAL DIRECTOR Crawford Smith  
 (ADDRESS) Hannibal, Mo.  
 20. FILED Oct 4, 1938 H. C. Fisher  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1938  
 22. I HEREBY CERTIFY: That I attended deceased from Oct 30, 1938 to Oct 31, 1938  
 I last saw her alive on Oct 30, 1938 Death is said to have occurred on the date stated above, at 11:58 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Granulocytopenia - about 9/25/38  
P. H. of Bacterial pneumonia  
2 weeks previous - plethoric also  
suspicious - of Chemical Toxicemia  
 Other contributory causes of importance: 115 W  
 Name of operation None  
 What test confirmed diagnosis clinical + laboratory 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) J. E. Siltman, M. D.  
 488 (Address) Hannibal Missouri

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.

STATEMENT BY LICENSED EMBALMER

I, Crawford Smith, Licensed Embalmer No. 3814.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Crawford Smith  
Licensed Embalmer No. 3814

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**