REC'D APR 18 1939

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

Do not use this space.

1. PLACE OF DEATH
County Benton 2
Township Johns 1
City Lincoln (No. ..... , ... St. ..... Ward)

Registration District No. 60
Primary Registration District No. 5095

File No. 9987
Registered No. 6

2. FULL NAME Henrietta Wilhemena Kreisler

(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 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 John Kreissler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 7th-1858

7. AGE YEARS 80 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Cole Camp Missouri

FATHER
13. NAME Heinrich Ludwig Kunbolt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bargholthausen Germany

MOTHER
15. MAIDEN NAME Anna Catharine Henermann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bargholthansen Germany

17. INFORMANT (ADDRESS) Martin Kreissler Lincoln Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln Lutharn DATE March 9 1939

19. UNDERTAKER (ADDRESS) J. B. Calbert Lincoln Mo

20. FILED Apr. 6 1939 Mrs. Amy K. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 8 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar - 4 - 1939 to Mar - 8 - 1939
I last saw her alive on Mar - 7 - 1939 Death is said to have occurred on the date stated above, at 3 15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3-6-39

Other contributory causes of importance: 108

Name of operation ✓ 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? ✓ 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) Orey L. Cecklen M. D.
(Address) Lincoln Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. R. 100M-11-24-33

DEC 7 1988

RECEIVED
District Health Officer No. 7
District File Number 7-39-482
Date Filed 4-11-89