

LEAD APR 10 1939

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

Do not use this space.

10583

1. PLACE OF DEATH

County Cole County

Registration District No. 213

File No.

Township

Primary Registration District No. 3014

Registered No. 68

City Jefferson City (No. St. Marys Hosp.)

St. Ward)

2. FULL NAME Michael Krattly

(a) Residence, No. Hermann, Mo. R.F.D. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 .1939

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ XXXXXXXX
HUSBAND OF Carolina Krattly
(OR) WIFE OF XXXXXXXX

22. I HEREBY CERTIFY, That I attended deceased from March 1 1939, to March 12 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1849

I last saw him alive on March 6 1939 Death is said to have occurred on the date stated above, at 6 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
89 years 10 4

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

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

Date of onset Jan 1939

Other contributory causes of importance: Myocarditis
Frosted hip

12. BIRTHPLACE (CITY OR TOWN) Hermann, Mo. R.F.D. 1
(STATE OR COUNTRY)

Name of operation O Date of
What test confirmed diagnosis? Was there an autopsy?

13. NAME John L. Krattly

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

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)

15. MAIDEN NAME Barbara Krattly

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

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

17. INFORMANT Mrs. Fritz Doll
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Stonyhill, Mo. DATE March 15 1939

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Mr. Charles H. ... M. D.
Jefferson City, Mo.
(Address)

19. UNDERTAKER Herman Blumer, Berger, Mo.
(ADDRESS)

20. FILED 3/15/1939 Hubert Spalding
Registrar.

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

14-12

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

105-63
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 68
 (c) City Jefferson City (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 Michael Krattly

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1939

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 4

Myocarditis
fract. Hip

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

Other contributory causes of importance:

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.

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? accident Date of injury March 1, 1939
 Where did injury occur? Merisau Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
in home, fell at shed
 Manner of injury fractured hip, leg and left leg
 Nature of injury fract. neck left femur

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify M. R. Aldridge, M. D.
 (Signed) _____ (Address) Jefferson City Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

