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.

WHITE PLAINS, WITH SHADING INDICATING IS A PERMANENT RECORD

REC'D MAY 18 1936

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

Do not use this space.

14597

1. PLACE OF DEATH

23 County Clark — Registration District No. 1944 — File No.

Township Wyaconda — Primary Registration District No. 5271 — Registered No. 3

City ..... (No. ..... St. ..... Ward)

2. FULL NAME 621 Shirley M. Kreighbaum

(a) Residence, No. ..... Wyaconda, Mo. ..... (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: 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 Kreighbaum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 18-1874

7. AGE: YEARS 65 — MONTHS 2 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. F. D. Carrier
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): Jan-1936
11. Total time (years) spent in this occupation: 30

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

FATHER

13. NAME: Francis Kreighbaum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Sarah Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): James Kreighbaum Wyaconda Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wyaconda DATE: Apr 17, 1939

19. UNDERTAKER (ADDRESS): Gerth & Baker Wyaconda Mo

20. FILED 4-16, 1939 Bessie Blattner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939, to April 15, 1939

I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

	Date of onset
Myocarditis	do not know
93 D	

Other contributory causes of importance:

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) Don Pierce, M. D.

(Address) Wyaconda Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-39-80D
Date Filed MAY 16 1939