G 23 1940

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

Do not use this space.

25900

File No. ____
Registered No. 187

1. PLACE OF DEATH
County: Osage
Township: Crenwood
City: Hope (No. ____, ____ St., ____ Ward)
Registration District No. 640
Primary Registration District No. 0849

2. FULL NAME Lizzie Krueger
(a) Residence, No. Hope Mo. St., ____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 62 yrs. 2 mos. 4 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1878

7. AGE: Years 62 | Months 2 mos. | Days 4 da. | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) July 1940
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hope Mo.

FATHER
13. NAME Adolph Ruegge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lippe Detmold Germany

MOTHER
15. MAIDEN NAME Wilhelmina Neff Ruegge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bay Mo.

17. INFORMANT (ADDRESS) Geo. Krueger Sarcoxie Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hope DATE July 2 1940

19. UNDERTAKER (ADDRESS) Arnold Hirschbeck Morrison Mo.

20. FILED 7-11 1940 Mrs Borgfeld Registrar.

7-11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1940

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1940 to July 10 1940
I last saw h alive on July 10 1940 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart	
Chronic Myocarditis	2 yrs
9 yrs	

Other contributory causes of importance:
Hyper Blood Pressure
240 Mg. Syst.

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) Geo Fulbrecht M. D.
(Address) Sarcoxie Mo

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