

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

Do not use this space.

File No. **22690**
Registered No. **46**
St. _____ Ward _____

1. PLACE OF DEATH
27 County Cooper Registration District No. 1095
Township North Minto Primary Registration District No. 5769
City _____ (No. 5310)
2. FULL NAME Sylvan Knipper St. _____ Ward _____
(a) Residence, No. _____ St. _____ Ward _____
(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

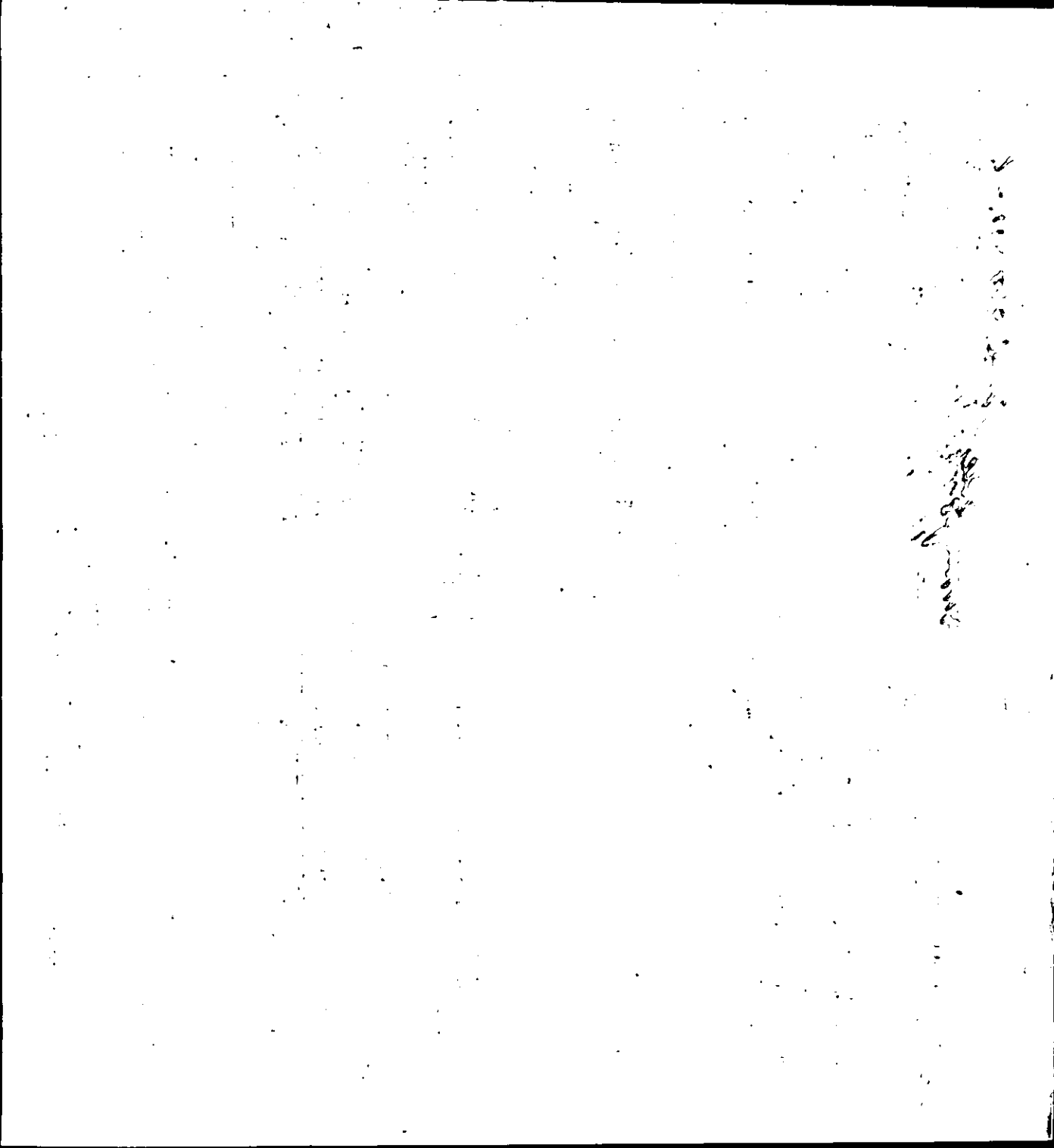
3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day 23 hrs. or min.
8. Trade, profession, or particular 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.
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) Cooper Co Mo
13. NAME Wm Knipper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minto Co
15. MAIDEN NAME Elna C. Dick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co
17. INFORMANT Wm Knipper
(ADDRESS) Clarksville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Monogue Church DATE 7/11/33
19. UNDERTAKER William Friesmeyer
(ADDRESS) California Mo
20. FILED 7-11-33 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1933
22. I HEREBY CERTIFY, That I attended deceased from 7-10-1933 to 7-10-1933
I last saw her alive on 7-10-1933. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Patulous Bronchus Acute Date of onset
1570158
Other contributory causes of importance _____
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? Yes
Also, specify _____
(Signed) W. H. Robinson, M. D.
(Address) Clarksville Mo

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.

SEP 26 1933



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Copiah Registration District No. 1095
 Township Manitowish Primary Registration District No. 5310
 City (No. St. Ward)

2. FULL NAME

Sylvan Krueker
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1933

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

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.
 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) Mo

FATHER
 13. NAME John Krueker

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

MOTHER
 15. MAIDEN NAME Edna Black

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

17. INFORMANT (ADDRESS) John Krueker

18. BURIAL, CREMATION, OR REMOVAL PLACE Manitowish Wis DATE 7-11-1933

19. UNDERTAKER (ADDRESS) Widmann & Williams

20. FILED Nov. 1 1933 J. E. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Myocardial Infarction
Arteriosclerosis
 Date of onset

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) N. P. Papayan, M. D.

(Address) California

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-22690

11-11-11
10-11-11
10-11-11