

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5920

1. PLACE OF DEATH

County Atterburg
 Township Prague
 City Atterburg (No. _____ St. _____ Ward _____)

Registration District No. 657
 Primary Registration District No. 5874

File No. _____
 Registered No. 2

2. FULL NAME

Ernstine Krauswetter geb. Riebling

(a) Residence. No. Pocahontas, 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 2 yrs. 3 mos. 20 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jos. Krauswetter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 13 of May 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>81</u>	<u>8</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Atterburg, Mo., Germany
 (STATE OR COUNTRY)

10. NAME OF FATHER Joh. G. Riebling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14.

INFORMANT Jos. Schlimbert
 (Address) Atterburg, Mo.

15.

FILED 2-8-30 REGISTRAR G. Rupp

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1930, to Feb. 7, 1930, and that I last saw him alive on Feb. 7th, 10:30 a.m., and that death occurred, on the date stated above, at 7:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Double)
108
10/11/30 (duration) yrs. mos. 7 ds.

CONTRIBUTORY absent (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

20. WAS THERE AN AUTOPSY? no.

21. WHAT TEST CONFIRMED DIAGNOSIS? Specimen (Signed) _____ M.D.

22. (Address) Wittentons, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pocahontas, Mo. DATE OF BURIAL 2-8-1930

20. UNDERTAKER Reisenbichler - Intz ADDRESS Pocahontas, Mo.

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.

