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.

UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.
20446
~~20541~~

1. PLACE OF DEATH
County St Francois Registration District No. 773 File No. 85
Township St Francois Primary Registration District No. 6018A Registered No. 85
City (No. St. Ward)

2. FULL NAME Marie W. Krekel
(a) Residence. No. 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

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
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 8, 1852
7. AGE: YEARS 76 MONTHS 7 DAYS 25 If LESS than 1 day, hrs. or min.
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) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Soeffung
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany
12. MAIDEN NAME OF MOTHER: Charlotte Krug
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany
14. INFORMANT: John Krekel
(Address): Desloge Mo.
15. FILED 6/3/1930 B J Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3rd 1930
17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to June 3, 1930
that I last saw her alive on May 30, 1930, and that death occurred, on the date stated above, at 7 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93C
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
90B
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. L. Watkins, M. D.
6-4, 1930 (Address) Farmington 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: Parkview Ifton
DATE OF BURIAL: 6/6 1930
20. UNDERTAKER: Gauder & Mud Co ADDRESS: Ifton, Mo