

OCT 2 1 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30155

1. PLACE OF DEATH

County *Moniteau*

Registration District No. *5-75-*

Township *Lupton*

Primary Registration District No. *4339*

City *Lupton* (No. *1*)

St. *Mo.* Ward *1*

2. FULL NAME

Sarah F. Krazier

(a) Residence, No. *1* St. *1* Ward *1*
(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) *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF *Joseph Krazier*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 9th 1846*

7. AGE YEARS *89* MONTHS *2* DAYS *7* If LESS than 1 day,hrs. ormin.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
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) *Moniteau Co. Mo.* (STATE OR COUNTRY)

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) *Unknown* (STATE OR COUNTRY)

17. INFORMANT *Sherron Krazier* (ADDRESS) *Lupton Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Doct. Center* DATE *9-19-1935*

19. UNDERTAKER *Jewell S. Richards* (ADDRESS) *Lupton Mo.*

20. FILED *9-17-1935* *Wm. Sarah Frye* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-16*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 1*, 19*35*, to *Sept 16*, 19*35*.

I last saw him alive on *9-16-1935*. 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:
Coronary Sclerosis
Coronary Thrombosis

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*35*
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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*35*
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) *J. B. Norman*, M. D.

(Address) *Lupton, 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.

