

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

DEC'D FEB 21 1939

1. PLACE OF DEATH

20 County Cedar
 10 Township
 City Eldorado Springs

Registration District No. 163Primary Registration District No. 4095File No. 1951Registered No. 5

St. _____ Ward _____

2. FULL NAME

(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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm H Kretzinger6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-1-18697. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 288. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Jan 25 1939 11. Total time (years) spent in this occupation 50 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 013. NAME Eliota Anderson 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 015. MAIDEN NAME Nancy S Greenstreet16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Rev Elmer Kretzinger (ADDRESS) Eldorado Springs Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Urgel City Mo DATE 2-1-193919. UNDERTAKER Wm S. Schies (ADDRESS) Eldorado Springs Mo20. FILED 2-1-1939 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 193922. I HEREBY CERTIFY, that I attended deceased from Jan 25 1939, to Jan 29 1939I last saw him alive on Jan 29 1939. Death is saidto have occurred on the date stated above, at 3:5 m.

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

Cerebral Hemorrhage Date of onsetOther contributory causes of importance: 42 ml

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

22. 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) Ch. R. Rindeworth D.D.(Address) EL Dorado Spgs Mo154

RECEIVED

District Health Officer No. 7!

District File Number 7-39-2

Date Filed 2-8-39