

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

Do not use this space.

86-A

**1. PLACE OF DEATH**

County Linn  
Township Flat Creek  
City Cassville (No. .... St. .... Ward)

Registration District No. 29  
Primary Registration District No. 5038

File No. ....  
Registered No. 4

**2. FULL NAME Molly Maryline Kring**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 | 0 | 28

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Cassville  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER A. N. Woody

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

12. MAIDEN NAME OF MOTHER Elyse A. Grubbs

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

14. INFORMANT Elyse Kring  
(Address) Cassville

15. FILED Apr 1 1929 Mrs. H. R. Williams  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929

17. I HEREBY CERTIFY, That I attended deceased from January 12<sup>th</sup>, 1929, to January 21<sup>st</sup>, 1929, that I last saw him alive on January 20<sup>th</sup>, 1929, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Influenza and Double  
Lobar Pneumonia  
108

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH .....  
DID AN OPERATION PRECEDE DEATH? no DATE OF .....  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) D. G. Mitchell, M. D.  
, 19 (Address) Cassville 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 Oak Hill DATE OF BURIAL 1-22 1929

20. UNDERTAKER Horine Funeral Service ADDRESS Cassville 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.

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