

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

Do not use this space.

14231

7

1. PLACE OF DEATH

City Rolla
Township Sutton
County Stoddard

Registration District No. 227
Primary Registration District No. 5959

File No. 7
Registered No. _____
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 77 yrs. 9 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. H. Krygborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-10-1855</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>9</u>
		DAYS
		<u>28</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clatsop Co. Oregon</u>		
FATHER	13. NAME <u>Charles Danforth</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boston? Mass.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Selway</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>W. H. Krygborn</u> (ADDRESS) <u>Permy me</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walf. Cem. Rolla</u> DATE <u>4-9-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Permy me</u>		
20. FILED <u>4/8</u> 19 <u>33</u> <u>Permy me</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/8 1933

22. I HEREBY CERTIFY, That I attended deceased from March 1 1933 to March 28 1933
I last saw her alive on March 28 1933 Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Preparatory with cardiac complications
Other contributory causes of importance: 59
Diabetic melitis

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 _____
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) John W. Permy M. D.
(Address) Permy me

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 24 1933

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