

STATE OF KANSAS

STANDARD

State Board of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Do not write

69

3022

In this space

1. PLACE OF DEATH: County WortonTownship _____ Registered No. 80or City Worton No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME August H. Krause

(a) Residence No. _____ St. _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred _____ yrs. _____ mo. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mo. _____ ds. (If nonresident, give city or town and state.)

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____

If so, state Organization _____ Rank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR HAIR W. 5. Single, Married, Widowed, or Divorced (write the word) married3a. If married, widowed, or divorced HUSBAND of Mary Louise Abbey (or) WIFE of _____6. DATE OF BIRTH (month, day, year) Nov 13 - 18577. AGE Years 79 Months 9 Days 8 If LESS than 1 day _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Seyditz (State or country) Germany13. NAME Wm Krause14. BIRTHPLACE (city or town) Seyditz (State or country) Germany15. MAIDEN NAME Mary Ludivina16. BIRTHPLACE (city or town) Seyditz (State or country) Germany17. INFORMANT Person Krause (Address) Worton, Mo.18. BURIAL, CREMATION, OR REMOVAL Place Spring Hill Date Sept 1, 193419. UNDERTAKER Walter Beathel (Address) Worton, Mo.20. FILED Sept 1, 1934 Edna Purchase Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 28, 193422. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1934 to Aug 28, 1934I last saw him alive on Aug 28, 1934, death is said to have occurred on the date stated above at 11 A.M.

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

Acute Myocardia Date of onset Aug 26-34

Contributory causes of importance not related to principal cause:

Chronic Prostatitis 1928Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no

If so, specify _____

(Signed) J. H. Kennedy M. D.
(Address) Worton, Mo.