WISCONSIN STATE BOARD OF HEALTH--ORIGINAL CERTIFICATE OF DEATH

Rock County Courthouse, 51 S. Main St., Janesville, WI 53545 1958-59 Rock County, Wisconsin Deaths (42951 – 43550) Vol. 92, State Filing No. 43026

TRANSCRIBED

EFFIE M. KRIEHN

- Place of Death: a) County: <u>Rock</u> b) City or Town: <u>Milton Jct.</u> c) Length of Stay: _____
 d) Full Name of Hospital or Institution (If not hospital or institution, give street address or location): 201 Elm St.
- 2. Usual Residence: a) State: Wisc. b) County: Rock c) City or Town: Milton Jct.
 d) Street Address: 201 Elm St.
- 3. Name of Deceased: Effie M. Kriehn
- 4. **Date of Death**: <u>Oct. 4, 1958</u>
- 5. Sex: Female
- 6. Color or Race: White
- 7. Married, Never Married, Widowed, or Divorced: Married
- 8. Date of Birth: Sept. 17, 1889
- 9. Age: Years: <u>69</u> Days: <u>17</u>
- 10. a) Usual Occupation: <u>Housewife</u> b) Kind of Business or Industry: <u>Housewife</u>
- 11. Birthplace: Penna
- 12. Citizen of What Country: U.S.A.
- 13. Father's Name: Henry Hamilton
- 14. Mother's Maiden Name: Rose McConwel
- 15. Was Deceased Ever in the U.S. Armed Forces? No
- 16. Social Security Number: None
- 17. Informant: Ray Kriehn
- 18. Cause of Death—Part I: Death Was Caused By:
 - a) Immediate Cause: <u>Coronary Occlusion, Instantaneous</u> Interval Between Onset and Death: <u>(Died During Nap)</u>
- 19. Was Autopsy Performed? No
- 20. Accident/Injury: ____
- 21. I attended the deceased from ______ to Oct. 4, 1958 and last saw her alive on ______
 Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the cause(s) stated.
- 22. a) Signature: M. D. Davis, M.D. b) Address: Milton, Wis.
- 23. a) Burial, Cremation, or Removal: Burial
 - b) Date: Oct. 8, 1958
 - c) Name of Cemetery or Crematory: Milton Cemetery
 - d) Location: Milton, Wisc.
- 24. Funeral Director: Robert Albrecht, Milton Jct., Wisc.

Date Received by Local Registrar: <u>10-10-58</u>

Registrar's Signature: Emmett W. Murphy