

REC'D FEB 21 1931

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

Do not use this space.

1. PLACE OF DEATH
21 County Cooper Registration District No. 224
Township North Monticau Primary Registration District No. 5309
City 450 John Klein (No. _____) St. _____ Ward _____
2. FULL NAME John Klein
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 + 3 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) (STATE OR COUNTRY) Missouri
13. NAME John Klein
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Estrode Dedrich
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT Jake A Klein
(ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedron Cem DATE 1-30-1931
19. UNDERTAKER C. Albert Hombeck
(ADDRESS) Prarie Home Mo
20. FILED 1-29-31 A. H. Meredith Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27-1931
22. I HEREBY CERTIFY, That I attended deceased from 1-24-31, to 1-27-31
I last saw him alive on 1-24-31, 1931 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis Date of onset Unknown
Suspect I.B.
Other contributory causes of importance: 22'
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 9 h Meredith M. D.
(Signed) Francis Home Mo (Address) _____

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.

