

WRITE PLAIN, 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.

APR 21 1931

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

Do not use this space.

9298

1. PLACE OF DEATH
 County Cooper Registration District No. 224
 Township North Moniteau Primary Registration District No. 5309
 City North Moniteau (N) St. _____ Ward _____

2. FULL NAME William Joseph Klein
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Caroline Klein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 9 9

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Klein

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

12. MAIDEN NAME OF MOTHER Julia Fisher

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

14. INFORMANT Jake Klein
 (Address) Prairie Home no 1

15. FILED 3-31-31 A. H. Weir
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-24 1931

17. I HEREBY CERTIFY, That I attended deceased from 16 1931 to 3-20 1931 that I last saw him alive on 3-21 1931 and that death occurred, on the date stated above, at 2:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia

(duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. H. Weir M. D.
3-21 1931 (Address) Prarie Home no 1

*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 DATE OF BURIAL
Cedron Catholic Cem. 4-1 1931

20. UNDERTAKER ADDRESS
L. Albert Hornbeck Prairie Home
no

