AUG 18 1927

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

Do not use this space.

23428

1. PLACE OF DEATH
County Warren
Registration District No. 881
Township
Primary Registration District No. 4534
City Warrenton (No. ..... St. ..... Ward)
File No.
Registered No. 35

2. FULL NAME Walter Klingel

(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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26th 1912

7. AGE: Years 14 | Months 8 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Cylon
(STATE OR COUNTRY) Wisconsin

PARENTS
10. NAME OF FATHER Emesh Klingel
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Matilda Stricke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Rosina Rock
(Address) Warrenton Mo.

15. FILED July 20 1927 A. W. Ehling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19th 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12/30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
By unavoidable accident by being struck by automobile driven by Aug. Tietjen of St. Louis, Mo. We find that said Aug. Tietjen used reasonable diligence to prevent the accident and rendered all possible aid after the accident. We therefore exonerate said Aug. Tietjen from all blame for the accident.

CONTRIBUTORY (SECONDARY) 2:00 (duration) 1880 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John H. Dyer M.D., M.D.
July 20, 1927 (Address) Warrenton Mo. Coroner of Warren Co

*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: Warrenton City Cem.
DATE OF BURIAL: 7/20th 1926

20. UNDERTAKER: F. W. Hiehing
ADDRESS: Warrenton Mo

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.