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

33500

1. PLACE OF DEATH U.S.V.Hosp. #67
County Jackson Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 4270
City Kansas City (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME KLAMM, Jacob C-WOE Co M 6th Kansas Cavalry
(a) Residence. No. 3633 Forest Ave. Kansas City, Mo. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-9-1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
84	9	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Germany

PARENTS
10. NAME OF FATHER Simon Klamm
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Margaret Fry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. E. M. Chinn, ds.
(Address) 3917 Broadway, Kansas City, Mo.

15. FILED 11/10, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1927

17. I HEREBY CERTIFY, That I attended deceased from October 28, 1927, to November 8, 1927 that I last saw him alive on November 8, 1927, and that death occurred, on the date stated above, at 5:40 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aneurism of abdominal aorta-Ruptured into abdominal cavity.
96 Probably several years. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 91 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Phys. exam. X-ray and Autopsy.
(Signed) [signature], M. D
(Address) E.J.ROSE, Medical Officer in Charge, U.S.V.Hosp. #67 Kansas City, Mo.

*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 Lime Creek Cem. Mo. Fairview DATE OF BURIAL Nov 10 1927

20. UNDERTAKER Westport Undertaker City ADDRESS

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