MAR 16 1928

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

Do not use this space.

150

1. PLACE OF DEATH
County Benton
Township West Wht
City ..... (No. ..... St. ..... Ward)
Registration District No. 60
Primary Registration District No. 5095
File No. .....
Registered No. 250

2. FULL NAME Infant Son of Daniel & Lavinia Klingler
(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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1928

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

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

9. BIRTHPLACE (CITY OR TOWN) Benton Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER David Klingler
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) S. D. So DAKOTA
12. MAIDEN NAME OF MOTHER Lavinia Klingler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Benton C Mo

14. INFORMANT Jas. Klingler
(Address) Windsor Mo

15. FILED 2-14 1928 E. L. Rhodes, REGISTRAR
By A. D. Hunt Dep.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 12 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 3, 1928, to Jan 12, 1928 that I last saw him alive on Jan 12, 1928, and that death occurred, on the date stated above, at 3:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Croupous Pneumonia
108
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 10 Pl
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) R. F. Jennings M.D.
Jan 12. 1928 (Address) Thurdson

*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 Harmony Cemetery
DATE OF BURIAL Jan 12 1928

20. UNDERTAKER W. E. Huston
ADDRESS Windsor 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.