

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

Do not use this space.

553

1. PLACE OF DEATH

County One
Township Jefferson
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 15
St. Ward)

2. FULL NAME

(a) Residence. No. 215 Bolivar St., Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wm A Klein

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 29-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 | 10 | 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Chaussie
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Jas Starks

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

12. MAIDEN NAME OF MOTHER Madeline Reem

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

14. INFORMANT Benj. Reem
(Address) 215 Bolivar

15. FILED 1-28-28 S.O. Bedford (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19 23, 1927 to Jan 15, 1928 that I last saw her alive on Jan 19 6 a.m., and that death occurred, on the date stated above, at

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Valvular Heart Disease
92A (duration) 6 yrs. mos. ds.

CONTRIBUTORY none (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90 W
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical
(Signed) H. J. Gaylor (M.D.)
(Address) Jefferson 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 St Peter's DATE OF BURIAL Jan 28

20. UNDERTAKER Lawson Tamm ADDRESS J.C. Mo

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.

