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

Do not use this space.

10311

File No. .....

Registered No. 49

1. PLACE OF DEATH

County: Wahnelus

Township: Wahnelus

City: ..... (No. RR #1 ..... St. ..... Ward)

Registration District No. 757

Primary Registration District No. 5998

2. FULL NAME Sophia Klopfer

(a) Residence. No. RR #1 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	11	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Altum
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Joseph Klopfer

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

12. MAIDEN NAME OF MOTHER Theresa Rathgeber

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

14. INFORMANT Jos. Rathgeber
(Address) RR #1 Wahnelus Mo

15. FILED 3/30, 1928 Ky. G. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1927, to March 29, 1928 that I last saw her alive on March 29, 1928, and that death occurred, on the date stated above, at 3.15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lung Abscess. (Right lower lobe).
Bronchopneumonia.
(duration) yrs. 6 mos. 19 ds.

CONTRIBUTORY (SECONDARY) 102 B
(duration) yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No knowledge

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) B. Yost Gossermann, M. D.

March 29, 1928. (Address) 200 Clay St St Charles 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	DATE OF BURIAL
St Peters Cemetery	March 31 1928
20. UNDERTAKER	**ADDRESS**
H. Suellmeyer Sons Co	Wahnelus 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.