

25 1918

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

Do not use this space.
N.D. May
20336
File No. _____
Registered No. 44
St. _____ Ward)

1. PLACE OF DEATH

County... Franklin Registration District No. 297
Township _____ Primary Registration District No. 266
City... Washington (No. _____)

2. FULL NAME John Henry Charles Klingsick

(a) Residence No. Klingsick's Lane St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U.S., if of foreign birth? 63 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
84 2 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Westphalia
(STATE OR COUNTRY) Germany

10. NAME OF FATHER John Henry Klingsick

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

12. MAIDEN NAME OF MOTHER Mary Blanke

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

14. INFORMANT Amanda Klingsick
(Address) Washington Mo.

15. June 11, 1918 O. L. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 27 - 1927, to June 8 - 1928 that I last saw him alive on June 8 - 1928, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
H&B
44 W (duration) 2 yrs. ✓ mos. ✓ ds.
CONTRIBUTORY (SECONDARY) (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Splinal
(Signed) Hamoy, M. D.

June 11 - 1928 (Address) Washington 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
Lutheran Cemetery June 11th 1928

20. UNDERTAKER ADDRESS
Otto & Co. by W.H.O. Washington, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

