JAN 25 1929

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

Do not use this space.

34338-1

1. PLACE OF DEATH

County Osage — Registration District No. 642 — File No.

Township Washington — Primary Registration District No. 5851 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Frank Kloeppel

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31 - 1865

7. AGE: 62 YEARS, 9 MONTHS, 11 DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Godfrey Kloeppel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Ursula Raab
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Kunigunda Kloeppel
(Address) Westphalia Mo

15. FILED Jan 19, 1929 S. A. Bowles
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 11 - 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to ~~[illegible]~~ Oct 9, 1928 that I last saw h[illegible], alive on Oct 9, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(2) Arteriosclerosis

(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Jos. L. A. Beachler, M. D.
Jan, 1929 (Address) Freeburg 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: Westphalia Mo. — DATE OF BURIAL: Oct 13 1928

20. UNDERTAKER: Strope — ADDRESS: Meta 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.