

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

Do not use this space.

11372  
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1. PLACE OF DEATH  
County Lawrence Registration District No. 471  
Township Pierce Primary Registration District No. 6284  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Katharina Elizabeth Kluck  
(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17 - 1841  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 87 6 28  
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) (STATE OR COUNTRY) Germany -  
10. NAME OF FATHER City Kluck  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany  
12. MAIDEN NAME OF MOTHER Katke  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Martin Kluck  
(Address) Pierce City Mo.  
15. FILED 4/9 1929 H. Ross Clark REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1929  
17. I HEREBY CERTIFY, That I attended deceased from 2 - 3 1892, to 3/15 1929  
(That I last saw her alive on 3-13 1892, and that death occurred, on the date stated above, at 11.40 P.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chrom. Intestinal Nephritis  
97A (duration) ? yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Arterio Sclerosis, Mitral insufficiency (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH... Chicago, Ill.  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Subjective  
(Signed) H. Ross Clark M. D.  
, 19 (Address) Pierce 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 Marys Cemetery DATE OF BURIAL March 18 1929  
20. URBERTAKER John Russell Jr. ADDRESS Pierce City 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.  
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