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

Do not use this space.

21142

1. PLACE OF DEATH
County Franklin
Township Washington
City Washington (No. ——, ... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 2016

File No. .....
Registered No. 67

2. FULL NAME Edward Klemm

(a) Residence. No. South Market 2 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. 9 mos. 6 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~~ Minnie Klemm

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 — 1864

7. AGE: Years 64 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Daniel Klemm
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Barbara Angerer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Herbert Klemm
(Address) Washington Mo.

15. Filed Jan 14 1929 C. L. Murner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6 — 12 1929

17. I HEREBY CERTIFY, That I attended deceased from 4 — 21 — 1929, to 6 — 12 1929, that I last saw him alive on 6 — 12 — 1929, and that death occurred, on the date stated above, at 7.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
9.3C

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED Mo
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. Mangkopf, M.D.
6 14 1929 (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 St Peters Cemetery | DATE OF BURIAL June 15 1929

20. UNDERTAKER Aubuchon & Vitt | ADDRESS Washington, 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.

36
L 4 1929
10
4
15
1
10
10