AUG 22 1929

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

Do not use this space.

23709

1. PLACE OF DEATH Atchinson
County ~~Atchison~~ Mo.
Township ~~Lincoln~~ N Polk
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 19
Primary Registration District No. 5026
File No. .....
Registered No. .....

2. FULL NAME ~~August~~ August Klute
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept, 18, 1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	30	10	12	

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) .....
(STATE OR COUNTRY) Missouri.

PARENTS
10. NAME OF FATHER Fred Klute
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Minnie Klute
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Ella Klute
(Address) Westboro, Missouri.

15. FILED July 30 1929 Mary G. Chamberlain REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, ~~29~~ 30 1929

17. I HEREBY CERTIFY, That I attended deceased from 26 July, 1929 to July 30th, 1929 that I last saw him alive on July 29, 1929, and that death occurred, on the date stated above, at 5-9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heal - Prostration

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) 194

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

18. WHERE WAS DISEASE CONTRACTED 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) [signature], M. D
July 3, 1929 (Address) Tarkio 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. Johns
DATE OF BURIAL ~~July~~ Aug 1 1929

20. UNDERTAKER Scott Tucker
ADDRESS Westboro, Missouri

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.