

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

Do not use this space.

7652

1. PLACE OF DEATH

County Bates
Township Rich Hill
City Rich Hill (No. _____)

Registration District No. 20
Primary Registration District No. 3005

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

Annie Kleitz

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. D. Kleitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Iowa

PARENTS

10. NAME OF FATHER Henry Summers

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

12. MAIDEN NAME OF MOTHER unknown

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

14.

INFORMANT (Address) C. D. Kleitz

15.

FILED W. B. C. James C. Cline REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28 1929 to Feb 20 1930 that I last saw her alive on Feb 20 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

A. Internal Hemorrhage
1205
118C
1031 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac condition of stomach bowels (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, unknown

19. OPERATIONS PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. O. Dwyer, D.O., M.D.

19 (Address) Rich Hill 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 Orange Valley DATE OF BURIAL Mar 23 1930

20. UNDERTAKER Pond & Reavley ADDRESS Rich Hill

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

O. U. Deputy (Csteopacty)