

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

Do not use this space.

12253

MAY 26 1930

**PLACE OF DEATH**

County Franklin Registration District No. 297  
Township Washington Primary Registration District No. 3016  
City Washington (No. ....) St. .... Ward)

File No. ....  
Registered No. 2940  
St. .... Ward)

**2. FULL NAME**

Walter Klemm  
(a) Residence. No. Washington Mo. Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 32 yrs. 6 mos. 22 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-6-1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>32</u>	<u>6</u>	<u>22</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Shoe Worker  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Clair, Mo  
(STATE OR COUNTRY)

**PARENTS**

10. NAME OF FATHER Alfred Klemm

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

12. MAIDEN NAME OF MOTHER Anna Pfeiffer

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

14. INFORMANT Alfred Klemm  
(Address) Washington, Mo.

15. May 1, 1930 O. E. Munn REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1929, to Apr 28, 1930, that I last saw him alive on April 27, 1930, and that death occurred, on the date stated above, at 9 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
23A

(duration) 1 yrs. 2 mos. 16 ds.

**CONTRIBUTORY (SECONDARY)**

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) Berman Rapp, M. D.

4/30/1930 (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..... DATE OF BURIAL 5/1/30  
St. Peters Ceme

20. UNDERTAKER Nieburg & 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.

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

