NOV 3 1930

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

Do not use this space.

31945

1. PLACE OF DEATH

County Warren Registration District No. 882 File No.

Township Hickory Grove Primary Registration District No. 4535 Registered No. 14

City Wright City Mo. (No. ..... St. ..... Ward)

2. FULL NAME Melene Klousterweyer

(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 7 - 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	11.	25	

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): 0

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati Ohio

PARENTS

10. NAME OF FATHER: John H. Kilgore

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati Ohio

12. MAIDEN NAME OF MOTHER: Martha A Turner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cincinnati Ohio

14. INFORMANT: Mrs. Anna Barr
(Address) Warrenton Mo

15. FILED 9/4/ 1930 J. A. Fluesmeier M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1930, to Sept 3rd, 1930 that I last saw her alive on Sept 3rd 1930, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Mesentary and Omentum

46 G (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 45 (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: No

DID AN OPERATION PRECEDE DEATH? No DATE OF ——

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W S Clarenbach, M. D.

9/4th, 1930 (Address) Wright 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: Wright City Cemetery

DATE OF BURIAL: Sept 5th 1930

20. UNDERTAKER: C. G. Nieburg Wright City Mo

ADDRESS

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.