NOV 21 1930

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

Do not use this space.

32469

1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. , St. Ward)
Registration District No. 218
Primary Registration District No. 3015
File No.
Registered No.

2. FULL NAME John J. Kline
(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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/21 – 1887

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
42	10	22	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): near Tipton Mo.

PARENTS
10. NAME OF FATHER: Wm Kline
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Ursula Kochner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tipton Mo.

14. INFORMANT: T. W. Kline
(Address) Tipton Mo.

15. FILED 10/16, 1930 G. A. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1930, to Oct 13, 1930, that I last saw him alive on Oct 13, 1930, and that death occurred, on the date stated above, at 4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis renalis + prostatae.
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis pulmonum + tuberculosis cutis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED The pulmonary during the war.
IF NOT AT PLACE OF DEATH Tuberculosis renalis in Tipton Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 24
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical + X ray
(Signed) Alexia Ravenscway, M. D.
10. 15, 1930 (Address) Boonville 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: Catholic Cemetery
DATE OF BURIAL: 10/16 1930

20. UNDERTAKER: L. G. Imhoff
ADDRESS: Tipton 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.