

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

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.

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

Do not use this space.

4964

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson

Registration District No. 213
Primary Registration District No. 9014

File No. 59
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>1</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-25-1931</u>		
7. AGE	YEARS	MONTHS
		<u>21</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
10. Date deceased last worked at this occupation (month and year) _____	

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson City Mo</u>
13. NAME <u>Gus Kleindienst</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co Mo</u>
15. MAIDEN NAME <u>Stella Claudy</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boon Co Mo</u>
17. INFORMANT <u>Gus Kleindienst</u> (ADDRESS) <u>Jefferson City Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>2/17</u> 19 <u>31</u>
19. UNDERTAKER <u>Wm. R. Gorman</u> (ADDRESS) <u>Jefferson City Mo</u>
20. FILED <u>3-9-31</u> 19 <u>31</u> <u>W. R. Gorman</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1931

22. I HEREBY CERTIFY, That I attended deceased from July 15 1931, to July 16 1931
I last saw him alive on July 16 1931. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

1375
915
930 myocarditis
pseudocarditis

Date of onset _____

Other contributory causes of importance: Blue Baby

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Wm. R. Gorman, M. D.
(Address) Jefferson City Mo

