

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

Do not use this space.

15245

1. PLACE OF DEATH  
 County B. Pike Registration District No. 689  
 Townshp. Buffalo Primary Registration District No. 3033  
 City Louisiana (No. Pike County Hospital)  
 File No. \_\_\_\_\_ Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Glenn Klisner  
 (a) Residence. No. Blank addition St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 27 1931  
 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Klisner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan'y 29 - 1899</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>2</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Small owner</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General Hauling</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Bowling Green</u> (STATE OR COUNTRY) <u>Pete. Co Mo</u>		
PARENTS	10. NAME OF FATHER <u>Anton W. Klisner</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Elizabeth Harst</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)	
14. INFORMANT <u>Miss Annie Klisner</u> (Address) <u>New Hartford Mo</u>		
15. FILED <u>4/11</u> 19 <u>31</u> <u>J. H. Kelly</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1931

17. I HEREBY CERTIFY, That I attended deceased from April 6, 1931, to Apr 10, 1931 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 1 O'clock

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Pneumo-Pneumonia  
110  
108

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
J. B. Miller, M. D.  
 (Signed) \_\_\_\_\_  
4/11, 1931 (Address) Louisiana 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 <u>Louisiana Mo</u> <u>Riverview Cemetery</u>	DATE OF BURIAL <u>April 12 1931</u>
20. UNDERTAKER <u>W. F. Suda</u>	ADDRESS <u>Louisiana Missouri</u>

