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.

21940

File No. 1654

Registered No.

1. PLACE OF DEATH
County Laclede
Township
City Lebanon (No. , St. Ward)

Registration District No. 4244
Primary Registration District No. 4267

2. FULL NAME Edward Kleiner
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 4th1874

7. AGE: Years 57 | Months 2 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher
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) Dec 1930
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER
13. NAME Antone Kleiner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Marie Juescha
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs. Bertha Kleiner Lebanon Mo.

18. BURIAL, CREMATION, ~~OR REMOVAL~~ PLACE Lebanon DATE 6-22-1931

19. UNDERTAKER (ADDRESS) Palmer Lebanon

20. FILED June 20 1931 J M Blevins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19-1931

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 3.30 A.M.
The principal cause of death and related causes of importance were as follows:

Suicide — Date of onset

Other contributory causes of importance:
Poured gasoline on himself and set it on fire.

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. In barn at his residence
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W A Palmer (Coroner)
(Address) Lebanon Mo.