

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.

OFF 29 1931

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

Do not use this space.

38059

1. PLACE OF DEATH

County Jasper
Township Jasper
City (No.) (No.) St. Ward

Registration District No. 418
Primary Registration District No. 5572

File No. 2
Registered No. 150
St. Ward

2. FULL NAME

(a) Residence, No. R-1-Crownpoint Mo. St. Ward

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 <u>Female</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>John H. Klopp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24 1864</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>x</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	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) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Newcomb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
MOTHER	15. MAIDEN NAME <u>Dont Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
17. INFORMANT <u>John Klopp</u> (ADDRESS) <u>R-1-Crownpoint Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nashville</u> DATE <u>Nov 27 1931</u>		
19. UNDERTAKER <u>Steele Und. Co</u> (ADDRESS) <u>Webb City Mo.</u>		
20. FILED <u>Nov 27 1931</u> <u>W. H. Knott</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct - 1 - 1931 to Nov. 22 - 1931
I last saw her alive on Nov. - 17 - 1931. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis Date of onset 131
97 131
Other contributory causes of importance:
Cerebral Arteriosclerosis

0 Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

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) W. H. Knott, M. D.
(Address) Jasper, Mo.

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