

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

Do not use this space.

4825

1. PLACE OF DEATH

County Jackson Registration District No. 533
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 5331 Highland St. _____ Ward)

File No. _____
 Registered No. 033

2. FULL NAME Nicholas Kleinbough

(a) Residence, No. 5331 Highland 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Kleinbough</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 2 1854</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>3</u>
		DAYS
		<u>15</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>None</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>Indiana</u>		
FATHER	13. NAME <u>Behrhar Kleinbough</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Benford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>	
17. INFORMANT <u>Little Sisters of the Poor</u> (ADDRESS) <u>5331 Highland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys' Cem</u> DATE <u>2/19/32</u>		
19. UNDERTAKER <u>Quirk & Tooin Co</u> (ADDRESS) <u>20 West Linwood</u>		
20. FILED <u>2/20 1932 M. M. Grove</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1932 .19

22. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to Feb 17, 1932
 I last saw him alive on Feb 17, 1932. Death is said to have occurred on the date stated above, at 9 P m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset Several years
History (6/23)
 Other contributory causes of importance: 0

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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 A
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Paul V. Spruick, M. D.
 (Address) Sathrap Bldg

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.

