

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.

4826

1. PLACE OF DEATH

County *Jackson*  
Township *Lea*  
City *Kansas City, Missouri*

Registration District No. *335*  
Primary Registration District No. *3002*

File No. \_\_\_\_\_  
Registered No. *339*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Klink-Mable Margaret*  
(a) Residence, No. *4318 Walnut* 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. dg. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jun 8 - 1885*

7. AGE YEARS *43* MONTHS *8* DAYS *10* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *3-5*  
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) *Missouri* *1*

MOTHER FATHER 13. NAME *Ple Miller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown* *21*

15. MAIDEN NAME *Lsa V. Furst*

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia* *2*

17. INFORMANT (ADDRESS) *Virginia Debrae - 2040 Baltimore*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Forest Hill Cemetery* DATE *Feb 20 1932*

19. UNDERTAKER (ADDRESS) *John J. Sheehan 14316 Grand Ave Kansas City Mo*

20. FILED *2/20* 19 *3* *M. M. Cropper* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *February 18 1932*

22. I HEREBY CERTIFY, That I attended deceased from *hr. 8*, 1932, to *hr. 18*, 1932

I last saw her alive on *hr. 18*, 1932. Death is said to have occurred on the date stated above, at *3:30 p.m.*

The principal cause of death and related causes of importance were as follows:

*acute nephritis with*  
*anemia*  
*107A*  
*130*  
*132B*  
other contributory causes of importance:  
*congestive broncho pneumonia*  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *yes*

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) *B. Janet Ernst*, M. D.

(Address) *1636 Professional Bldg.*

