

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

Do not use this space.

5364

File No. 61
Registered No. 2
St. _____ Ward _____

1. PLACE OF DEATH

63 County Marion Registration District No. 1022
Township Dry Creek Primary Registration District No. 5732
City _____ (No. _____)

2. FULL NAME

Destruide Mary Kleppel
(a) Residence No. 10400 Marshall 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. 7 ds. 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-10-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 3 4 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Marion Co. Mo.

10. NAME OF FATHER Henry C. Kleppel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

12. MAIDEN NAME OF MOTHER Lena C. Winkelman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Brinktown Marion Co. Mo.

14. INFORMANT Henry C. Kleppel
(Address) Dixon, Mo.

15. FILED 2-27-1932 J. W. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-17-1932

17. I HEREBY CERTIFY, That I attended deceased from Feb-12-1932 to Feb-17-1932, that I last saw her alive on Feb-17-1932, and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis
37 A
(duration) yrs. 5 mos. ds.
CONTRIBUTORY (SECONDARY) Scarlet Fever
(duration) yrs. mos. ds. 12

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Crider, M. D.

7/8, 19 32 (Address) Dixon, 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

DATE OF BURIAL

Brinktown Mo

27 19 32

20. UNDERTAKER

ADDRESS

Fred A. Gibbons

Dixon Mo.

MAR 24 1932

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.

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