

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.

SEP 21 1932

2

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

Do not use this space.

25410

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township St Joseph Mo Primary Registration District No. 1001  
City St Joseph Mo (No. state hospital # 2) Registered No. 755  
Ward 1925 Maple Kc Mo

2. FULL NAME Henry B. Kline  
(a) Residence, No. 1925 Maple Kc Mo Ward. 1925 Maple Kc Mo  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Mo</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>Emma L. Kline</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26 1871</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>1</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Mechanic</u>		11. Total time (years) spent in this occupation <u>12 yrs</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) <u>Dec 19 1931</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Unknown Ohio</u>		
13. NAME <u>Henry Kline</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Unknown Ohio</u>		
15. MAIDEN NAME <u>Emma L. Burns</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Unknown Ohio</u>		
17. INFORMANT (ADDRESS) <u>State Hospital Buchanan St Joseph Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>K.C. Mo</u> DATE <u>Aug 4 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Human Funeral Home 1446 Calhoun St</u>		
20. FILED <u>3 1932</u> <u>John R. Bendler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 21 1932 to Aug 3 1932  
I last saw deceased alive on Aug 2 1932 Death is said to have occurred on the date stated above, at 2:29 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 10/2

Other contributory causes of importance: age 1

Name of operation none Date of 0  
What test confirmed diagnosis? Cerebral Hemorrhage Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury 1932  
Where did injury occur? no injury (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify None  
(Signed) B. B. Miles, M. D.  
(Address) St Joseph Mo

1  
—  
1917

1917

1917