

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

Do not use this space.

30078

870

1. PLACE OF DEATH

83 County Pettis
Township Pettis
City Pettis

Registration District No. 695
Primary Registration District No. 5922
(Riverside Jockey Club)

File No. 28
Registered No. 28
St. _____ Ward _____

2. FULL NAME

Charles Klinger
(a) Residence No. Marquette Hotel Kansas City, Mo.
(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 M 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 Single Widower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7th 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	53	5	10	

8. OCCUPATION OF DECEASED Operated the 26⁰ Concession at the Riverside Jockey Club Parkville - Mo R.F.D.
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Louisville, Mo
(STATE OR COUNTRY) Mo 2

10. NAME OF FATHER Leonard Klinger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville, Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louise Lang

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind
(STATE OR COUNTRY)

14. INFORMANT Phil Mc Crooy
(Address) Riverside Jockey Club, Parkville, Mo

15. FILED 9-16-32 J. H. Winter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 15 1932

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him live on _____, 19____, and that death occurred, on the date stated above, at _____, 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute dilatation of heart
95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 95B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (5)
IF NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L. T. Pollock, M.D.
9-15-1932 (Address) Platte City, 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 Forest Hill Cem DATE OF BURIAL 9/17/32

20. UNDERTAKER W. F. Mayberry ADDRESS K.P.

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.

OCT 28 1932

V. S. No. 2

C. B.