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.

34729

1. PLACE OF DEATH
County: Benton — Registration District No. 59 — File No.
Township: Williams — Primary Registration District No. 5094 — Registered No. 28
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Anna Sophia Klindworth

(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Theodore Klindworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-23-1893

7. AGE: 39 YEARS — 7 MONTHS — 28 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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

FATHER
13. NAME: Fred Brauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Anna Inselman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

17. INFORMANT (ADDRESS): Theodore Klindworth, Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brauersville DATE: 11-13-1932

19. UNDERTAKER (ADDRESS): E L Eickhoff Cole Camp Mo

20. FILED 12-1-1932 Harry Bay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-11-32, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1932, to Nov 11, 1932
I last saw her alive on Nov 10, 1932. Death is said to have occurred on the date stated above, at 3:25 A M
The principal cause of death and related causes of importance were as follows:

Puerperal Septicemia — Date of onset
145A 145A
134B

Other contributory causes of importance: (1)

Name of operation: Salpingectomy — Date of Oct 8-32
What test confirmed diagnosis? Microscopical & Surgical — 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 ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry Bay, M. D.
(Address) Cole Camp, Mo