

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

Do not use this space.

8683

1. PLACE OF DEATH

County Gadswell Registration District No. 98
Township Kingston Primary Registration District No. 5144
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

Mary Elizabeth Klaus Kling

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25 - 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 - 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co Ohio

13. NAME Jesse Madax

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Edna Kling
(ADDRESS) Hawilton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bates lca DATE Mar 8 1933

19. UNDERTAKER (ADDRESS) Nettie Houghston
Hawilton mo

20. FILED Apr 3 1933 Mrs E. F. Gartside
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1933 to Mar 6 1933

I last saw her alive on Mar 6 1933 Death is said to have occurred on the date stated above, at 10:10 A.M.

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

Broncho-Pneumonia Date of onset Mar 3/1933
Influenza Feb 27 1933

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Diag 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? No
If so, specify _____

(Signed) Thurston R. Beach, M. D.
(Address) Hawilton mo

WRITE LEGIBLY, 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.

APR 24 1933

