

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

Do not use this space.

22926

1. PLACE OF DEATH
 40 County Brandy Registration District No. 330
 Township Jackson Primary Registration District No. 5460
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William S. Kline
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>5</u>	<u>7</u>	

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

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) 1924 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winterville Penn

MOTHER FATHER

13. NAME Daniel Kline

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

15. MAIDEN NAME Eliza Sunday

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

17. INFORMANT Harry S. Kline
 (ADDRESS) Trouton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chua Cemetery DATE July 19, 1933

19. UNDERTAKER Dr. F. Robertson
 (ADDRESS) Trouton Mo

20. FILED 19 July, 1933 E. A. Duffy
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 17 July, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1932, to July 14, 1933
 I last saw him alive on July 14, 1933 Death is said to have occurred on the date stated above, at 7:45 P.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset 1920

97 97

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. findings 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) E. A. Duffy, M. D.
 (Address) Trouton Mo.

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 very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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