

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

Do not use this space.

**24048**

**1. PLACE OF DEATH**

County Phelps  
Township Rolla  
City Rolla (No. ...., ..... St. .... Ward)

Registration District No. 677  
Primary Registration District No. 4403

File No. ....  
Registered No. 61

**2. FULL NAME**

Annie Klaus  
(a) Residence, No. Vida, Mo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Klaus</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12, 1886</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>21</u>
	DAYS <u>21</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Gorman  
(STATE OR COUNTRY)

MOTHER FATHER  
13. NAME Joseph Wirth

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Rudolph Wirth  
(ADDRESS) Vida Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla, Mo DATE July 3, 1933

19. UNDERTAKER Mull & Mull  
(ADDRESS) Rolla Mo

20. FILED July 3, 1933 Joe F. Ayers  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 7, 1933  
I last saw him alive on July 7, 1933 Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Involuntarily (heart stroke)  
191  
191

Date of onset 7-1-33

Other contributory causes of importance: no

Name of operation ..... Date of .....  
What test confirmed diagnosis: clinical 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 J. H. Mitchell, M. D.  
(Signed) Rolla Mo  
(Address)

WRITE FAIRLY, 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.

81  
2  
4  
Jul 28 1933

10  
10  
10

