

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

Do not use this space.

27288

File No. ....

Registered No. 7 .....

1. PLACE OF DEATH  
 County Phillips Registration District No. 677  
 Township Rolla Primary Registration District No. 4403  
 City (No. ....) St. .... Ward (No. ....)

2. FULL NAME Henry Klemeske  
 (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 27 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Philena Klemeske</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 17, 1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>5</u>
	DAYS <u>13</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	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) <u>Speyer Germany</u>		
FATHER	13. NAME <u>Herman Klemeske</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Philena Klemeske</u> (ADDRESS) <u>Wichita Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Westl. Cemetery</u> DATE <u>Aug 2 - 1933</u>		
19. UNDERTAKER <u>James and New York</u> (ADDRESS) <u>St. James Mo</u>		
20. FILED <u>Aug 2</u> 19 <u>33</u> <u>Joe J. Ayers</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19 1933, to August 1 1933  
 I last saw him alive on July 13 1933 Death is said to have occurred on the date stated above, at 5:25 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Operation for removal of prostate Date of onset 137  
 Other contributory causes of importance: Infection from catheterization

Name of operation Prostatectomy Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Ca. prostate (Signed) Joe J. Ayers, M. D.  
 (Address) Wichita 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 is very important.

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