

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

Do not use this space.

39153

1. PLACE OF DEATH

County Buchanan Registration District No. 82
Township Marion Primary Registration District No. 5723
City (No. 3 miles no. of San Antonio.) St. _____ Ward _____

2. FULL NAME

Henrietta Klinghoefer
(a) Residence, No. Marion Twp. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 16, 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 1 1

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.
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) Unknown Germany

13. NAME Louis Bunse

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Caroline Bunse

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT Mrs. C.C. Vogel
(ADDRESS) Cosby, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cosby Evangelical Cem. Dec. 19, 1933

19. UNDERTAKER (ADDRESS) Walter Meierhoefer 1302 Faraon St. St. Joseph, Mo.

20. FILED 1/10 1934 D. B. Biggs Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 17, 1933 .19

22. I HEREBY CERTIFY, That I attended deceased from Dec-1- 1933 to Dec-17- 1933

I last saw her alive on Dec-16- 1933 Death is said to have occurred on the date stated above, at 12:53 A.M.

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

Courtesy Stroke
1931
9410
Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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) O. L. Perkins, M. D.

(Address) Clarksdale, Missouri.

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.

REPRODUCED FROM THE ORIGINAL WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 26 1934

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