

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

Do not use this space.

618

1. PLACE OF DEATH

County Cooper Registration District No. 222 File No. 1
Township Pilot Grove Primary Registration District No. 4135 Registered No. _____
City Pilot Grove (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emil Schibi</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec-11-1889</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>5</u>
	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Jan 10 1934</u>	
	11. Total time (years) spent in this occupation <u>25</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pilot Grove Missouri</u>		
FATHER	13. NAME <u>Gregory Klunklen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown France</u>	
MOTHER	15. MAIDEN NAME <u>Maddame Kessler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Germany</u>	
17. INFORMANT (ADDRESS) <u>Emil Schibi Pilot Grove Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Josephs Care</u> DATE <u>1/13/34</u>		
19. UNDERTAKER (ADDRESS) <u>St Josephs Care Pilot Grove Mo</u>		
20. FILED <u>Jan 13 1934</u> <u>Mrs. E. B. McCrehan</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 7, 1934 to Jan, 10, 1934
I last saw her alive on Jan, 10, 1934. Death is said to have occurred on the date stated above, at 2:52 P.M.
The principal cause of death and related causes of importance were as follows:
Acute Dilatation of Heart Date of onset 1-10-34

Other contributory causes of importance:
Angina pectoris - Migraine - Depression, Depressed Place

Name of operation _____ 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? No
If so, specify _____
(Signed) J. D. Boley M. D.
(Address) Pilot Grove, 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.

27 5 3 1934

