

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

Do not use this space.

1. PLACE OF DEATH

County Howard Registration District No. 390 File No. 8748
 Township Franklin Primary Registration District No. 5530 Registered No. 2
 City (No. _____) St. _____ Ward _____

2. FULL NAME Charles J. Klusmeyer

(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 <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>Matilda Klusmeyer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6 - 1874</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren Co. Mo</u>		
FATHER	13. NAME <u>John C. Klusmeyer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Frederika Durdmeyer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Chas. Klusmeyer New Franklin Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Pleasant</u> DATE <u>3/11/34</u>		
19. UNDERTAKER (ADDRESS) <u>C. D. Duncan New Franklin Mo.</u>		
20. FILED <u>3-9-</u> 19 <u>34</u> <u>W. J. Lee</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1934, to March 9, 1934
 I last saw him alive on March 9, 1934. Death is said to have occurred on the date stated above, at 2:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of rectum, about June 1932
46D
46
 Other contributory causes of importance: _____

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) W. J. Lee, M. D.
 (Address) New Franklin, Mo.

WRITE PLAINLY, 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.

