

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.

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

Do not use this space.

MAY 25 1934

16305

1. PLACE OF DEATH

County Franklin
Township Prairie
City Leuberry (No. _____)

Registration District No. 294
Primary Registration District No. 5418

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

Herman Joseph Kaiping
(a) Residence, No. Leuberry Mo. St. War
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Elizabeth Kaiping
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1855
7. AGE YEARS 78 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) Mastholtz Germany

FATHER 13. NAME Herman Kaiping

14: BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Dora Knorr

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

17. INFORMANT (ADDRESS) Marie Pelland

18. BURIAL, CREMATION, OR REMOVAL PLACE Leuberry Mo. 5-18-34

19. UNDERTAKER (ADDRESS) W. C. Clark & Co.

20. FILED AS 177 1934 W. J. Edwards Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1 - 1934, to May 5 1934

I last saw him alive on May 2 1934. Death is said to have occurred on the date stated above, at 6 P. m.

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

4/15
Arteriosclerosis of
stomach.
Date of onset

Other contributory causes of importance:

Name of operation duod Date of _____
What test confirmed diagnosis? _____ 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?

If so, specify _____
(Signed) W. C. Clark M. D.
(Address) Leuberry Mo.

