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.

JUN 25 1934

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

Do not use this space.

17641

1. PLACE OF DEATH
County PERRY. Registration District No. 662 File No.
Township SALEM. Primary Registration District No. 5880 Registered No. 7
City CROSSTOWN, Mo. (No. ..... St. ..... Ward)

2. FULL NAME JOSEPH ADAM ~~KLOBE~~ KLOBE
(a) Residence, No. CROSSTOWN, Mo. 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: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 6 - 1887

7. AGE: YEARS 47 | MONTHS | DAYS 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Perry Co.

FATHER
13. NAME George Klobe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co.

MOTHER
15. MAIDEN NAME Mary E. Chappius
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co.

17. INFORMANT (ADDRESS) Henry Klobe

18. BURIAL, CREMATION, OR REMOVAL
PLACE CROSSTOWN, Mo DATE 5/29/34, 19

19. UNDERTAKER (ADDRESS) YOUNG + FENWICK UND Co PERRYVILLE, Mo.

20. FILED 5-28-, 1934 J. F. De Lassus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1934, to May 26, 1934
I last saw him alive on May 25, 1934 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of tone — Date of onset Sept 1933

53D

Other contributory causes of importance: Metastasis

Name of operation none Date of —
What test confirmed diagnosis? X-Ray 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 Jerome J. Bradley
(Signed) , M. D.
(Address) Perryville

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Perry 17641

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Joseph Adam Klobe

Who died at _____ on May 26 - 1934

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race Wh Single, mar~~ried, widowed or divorced:~~ _____

Date of birth May 6 - 1887 Age: Years 47 Months 0 Days 20

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Carcinoma of bones

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Metastasis

Carcinoma of Right Iliac Bone

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. F. De Lasaux Date filed 5-28-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh M.D.

Special Agent.

Reg. Dist. No. 662

Primary Reg. Dist. No. 5880

S-17641

S-17641