

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.

100
 AUG 3 1834 556

176
 10
 31

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

Do not use this space.

1. PLACE OF DEATH

County Scott
 Township Toumfelt
 City Toumfelt (No.)

Registration District No. 1151
 Primary Registration District No. 4588

File No. 22852
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. John F. Klughart St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 14 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>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>Theresa Klughart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27-1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>1</u>	DAYS <u>✓</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Felling station</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>operator</u>		
10. Date deceased last worked at this occupation (month and year) <u>June 27-1934</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Missouri</u>		
13. NAME <u>Rudolph Klughart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Theresa</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>John Klughart - Toumfelt - Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Illina Mo</u> DATE <u>June 29-34</u>		
19. UNDERTAKER (ADDRESS) <u>P. C. Crowell - Toumfelt - Mo</u>		
20. FILED <u>6-28</u> 19 <u>34</u> <u>St. J. H. Co.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1934, to 6-27, 1934. I last saw him alive on 6-27, 1934. Death is said to have occurred on the date stated above, at 1:40 p.m.. The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

Other contributory causes of importance:
82A
87a

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?
 If so, specify Yes
 (Signed) L. J. Gorman, M. D.
 (Address) Toumfelt Mo

