

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.

SEP 14 1934

1. PLACE OF BIRTH

County Franklin
Township Boone
City (No.) (No.) (No.)

Registration District No. 295
Primary Registration District No. 5415a

File No. 28880
Registered No.
St. Ward

2. FULL NAME

Unnamed
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1934

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
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) Franklin, Mo.

13. NAME Joseph Klein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Pearl Bryant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Co., Mo.

17. INFORMANT (ADDRESS) Anna Klein, Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem DATE Aug 5 1934

19. UNDERTAKER (ADDRESS) J. T. Williams, Sullivan, Mo.

20. FILED 8/6 1934 Chapman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934, to Aug 4 1934
I last saw him alive on Aug 4 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:
Pulmonary Congestion & weather.
Other contributory causes of importance: weak heart action.
Date of onset

Name of operation 1570
1670

What test confirmed diagnosis? Physiologic 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) R. P. Royce M. D.
(Address) Sullivan, Mo.

