

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

Do not use this space.

33604

OCT 12 1934

1. PLACE OF DEATH

County Osage
Township Frederick
City Frederick (No.)

Registration District No. 1124
Primary Registration District No. 4558

File No.
Registered No. 7
St. Ward

2. FULL NAME

(a) Residence, No. Frederick 920 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1845

7. AGE YEARS 89 MONTHS 8 DAYS If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Rich Linn Co Mo

13. NAME Arthur Kluppel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick Mo

15. MAIDEN NAME Theresa - Baeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick Mo

17. INFORMANT (ADDRESS) Andrew Kluppel, Frederick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Frederick DATE Sept 15 1934

19. UNDERTAKER (ADDRESS) Neighbors of deceased, Frederick Mo

20. FILED Oct 10 1934 Wm. D. Kluppel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1934 to Sept 13 1934

I last saw him alive on Sept 11 1934 Death is said to have occurred on the date stated above, at 10 m.

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

Dilated Myocardium

Date of onset

Other contributory causes of importance

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 (Signed) Wm. D. Kluppel M. D.

(Address) Frederick Mo

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.

