FEB 23 1935

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

Do not use this space.

1. PLACE OF DEATH
County Gasc.
Township
City Hermann (No. St. Ward)

Registration District No. 303
Primary Registration District No. 4182

File No. 846
Registered No. 1

2. FULL NAME Emma A. Klott

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Chas Klott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1 1858

7. AGE: Years 77 | Months — | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
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. Housewife
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): First Creek

FATHER
13. NAME: Christ Koelhoff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Westphalia

MOTHER
15. MAIDEN NAME: Sonnenfeld
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Westphalia

17. INFORMANT (ADDRESS): Lizzie Mueller

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hermann DATE Jan. 5 1935

19. UNDERTAKER (ADDRESS): E. Kaempe

20. FILED 1-4, 1935 Anna R. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22nd, 1934, to January 3d, 1935.
I last saw her alive on January 2nd, 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Dec 22nd 1934
DJR	

Other contributory causes of importance: Arteria sclerosis

Name of operation Ugnal Date of
What test confirmed diagnosis? Clinical 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) John H. Baehr, M. D.
(Address) Hermann 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.