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

FEB 25 1935

Do not use this space.

1815

1. PLACE OF DEATH

County Johnson — Registration District No. 430

Township Post Oak — Primary Registration District No. 5586

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Roy H. Kline

(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: 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) Apr. 24 1890

7. AGE: Years 44 — Months 8 — Days 18 — 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) Falls City Neb - Neb.

FATHER

13. NAME Wm. E. Kline

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Lena Pottruff

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

17. INFORMANT (ADDRESS) Myron Riddle Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Hill DATE Jan. 14 1935

19. UNDERTAKER (ADDRESS) Sweeney - Phillips Warrensburg Mo.

20. FILED Feb 14 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1935, to Jan 12 1935

I last saw him alive on Jan 12 1935. Death is said to have occurred on the date stated above, at 7.50 P.m.

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

Diffuse Peritonitis — Date of onset Jan 9-35

Other contributory causes of importance: I think the Bladder Viscera Perforation may be Diverticulum

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 T. Anderson, M. D.

(Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33