

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.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St Joseph Mo. (No. 1805, Bellevue St. Ward)

8179

File No.
 Registered No. 557

2. FULL NAME August Klawuhn

(a) Residence, No. 1805 Bellevue St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S., if of foreign birth? 49 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 Caroline Klawuhn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August, 22, 1859

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>7</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter & Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 Yrs.

10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935, to March 25, 1935
 I last saw him alive on March 20, 1935 Death is said to have occurred on the date stated above, at 9:30 Pm.

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

Chronic Myocarditis ?

Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? Yes
 If so, specify Resort Beach
 (Signed) Resort Beach, M. D.
 (Address) King Hill Bldg

12. BIRTHPLACE (CITY OR TOWN) Langenau, Prussia
 (STATE OR COUNTRY)

13. NAME Christian Klawuhn

14. BIRTHPLACE (CITY OR TOWN) Langenau, W. Prussia
 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Faul O. Klawuhn
 (ADDRESS) 1805 Bellevue St.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Ashland Cemetery DATE Mar. 27, 1935

19. UNDERTAKER Walter Meinhoff
 (ADDRESS) 1302 Paragon St Joseph Mo

20. FILED Mar 27 1935 19.....
John R. Bender
 Registrar.

