

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

Do not use this space.

JUN 1 1935

13777

1. PLACE OF DEATH

County Osage Registration District No. 97
 Township Washington Primary Registration District No. 5851-B
 City Richfountain Mo. St. Mo. Ward 3

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Margerate Klebba
 (a) Residence, No. at Richfountain Mo. Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1935, to Apr 10th, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4th 1853

I last saw her alive on Apr 10, 1935, 1935. Death is said to have occurred on the date stated above, at 2:10 P.M.

7. AGE YEARS 82 MONTHS _____ DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

Chronic Myocarditis and mitral regurgitation Date of onset About 10 yrs ago

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 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 _____

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Fountain Edge Co. Missouri

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER FATHER 13. NAME George Schaffer

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

MOTHER 15. MAIDEN NAME Cunigunda Bach

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

17. INFORMANT (ADDRESS) John Klebba Rich Fountain Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Rich Fountain DATE Apr 12, 1935

19. UNDERTAKER (ADDRESS) Henrych Funeral Home Jefferson City, Mo.

20. FILED Apr 11, 1935 Alphonse Tick Registrar

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) Corrad S. Verhoff, M. D.
 (Address) Wesley Hall, Osage

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.

