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.

AUG 20 1935

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

Do not use this space.

20008

File No. 2853

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 394

Township ~~Kaw~~ — Primary Registration District No.

City Kansas City (No. 12 & Collage St. Ward)

2. FULL NAME Anna Grogger Kleuver

(a) Residence, No. 1306 Indianna St., Ward. (If nonresident, give city or town and State)

(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1911

7. AGE: Years 24 | Months 1 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Hickman Mills Mo.

FATHER

13. NAME Alex Grogger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baldwin Kanaas

MOTHER

15. MAIDEN NAME Florence Shirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashland Tenn.

17. INFORMANT (ADDRESS) Frank Kleuver 1306 Indianna

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem DATE July 2, 1935

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 7-1, 1935 M. M. Larson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

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

Cerebrospinal hemorrhage — Date of onset

Fracture of the skull

Other contributory causes of importance:

Pneumonia

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? ... Place of injury ... (State)

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 Struck by auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..., M. D.

(Address)