

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

Do not use this space.

30273

1. PLACE OF DEATH **NOV 26 1935**
 County Oregon Registration District No. 639
 Township Benton Primary Registration District No. 3848
 City Chambers mo (No. _____) St. _____ Ward _____

2. FULL NAME Dorothy L. Kliethermes
 (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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 - 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1

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. _____

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) Chambers, mo

13. NAME Arthur Kliethermes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnots mill, mo

15. MAIDEN NAME Sophia Dudenhoeffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louy town mo

17. INFORMANT (ADDRESS) Arthur Kliethermes
Chambers mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Chambers Catholic Cmty DATE Sept 23, 1935

19. UNDERTAKER (ADDRESS) Alta T. Stocksick
Chambers mo

20. FILED 10-11, 1935 Esther Soder
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-21-, 1935, to 9-22-, 1935
 I last saw her alive on 9-22-, 1935. Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypertrophied Thyroid Date of onset _____

Other contributory causes of importance:
67

Name of operation _____ Date of _____
 What test confirmed diagnosis? X Ray 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? _____
 If so, specify _____
 (Signed) Wm J. McKeally, M. D.
 (Address) Chambers 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.

