

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

Do not use this space.

35026

NOV 18 1935

1. PLACE OF DEATH

County Adair
Township Walnut
City Yesso

Registration District No. 1062
Primary Registration District No. 5719

File No. 5-
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Phillip Sharad Klingemith

(a) Residence, No. Yesso R.F.D. 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 <u>M</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Klingemith</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-20-1870</u>					
7. AGE YEARS <u>65</u>		MONTHS <u>8</u>		DAYS <u>06</u>	
IF LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				
	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) <u>Perm,</u>					
MOTHER FATHER	13. NAME <u>Lou Klingemith</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
	15. MAIDEN NAME <u>Sarah Spencer</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
17. INFORMANT <u>Harry Klingemith</u> (ADDRESS) <u>Yesso Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Temple bur</u> DATE <u>11-7-</u> 19 <u>35</u>					
19. UNDERTAKER <u>Dee Riley</u> (ADDRESS) <u>Riversville Mo</u>					
20. FILED <u>Nov 6, 1935</u> <u>Ray Douglas</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5- 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1935 to Nov 5 1935
I last saw him alive on Nov 3 1935. Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:
Uremic poisoning, Chronic nephritis, Chronic myocarditis
Date of onset Feb. 1934
years 2 ago.

Other contributory causes of importance 131

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Laboratory 70 Was there an autopsy?

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 Spencer L. Freeman M. D.
(Signed) _____ (Address) Riversville, Mo.

S. NO. 2
MAIN RESERVED FOR BINDING
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.

