DEC 11 1935

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

Do not use this space.

35179

File No. .....

Registered No. 1147

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: ..... — Primary Registration District No. 1001

City: St. Joseph, (No. St. Joseph's Hospital St. ..... Ward)

2. FULL NAME: Ora Madge Klusman

(a) Residence, No. 2319 So. 6th. St. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Everett Klusman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, 9, 1911

7. AGE: Years 24 — Months 8 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): St. Joseph, Mo.

FATHER

13. NAME: William A. Wallis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Arkansas

MOTHER

15. MAIDEN NAME: Amanda McIntire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknooster, Mo.

17. INFORMANT (ADDRESS): Mrs. William A. Wallis, Rayville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Ashland Cemetery DATE: Nov. 4, 1935, 19

19. UNDERTAKER (ADDRESS): Walter Meinhoffer, 1302 Faraon St. St. Joseph, Mo.

NOV 5 1935

20. FILED ..... 19 ..... John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1935 to Nov. 1, 1935

I last saw h. or alive on Oct 31, 1935. Death is said to have occurred on the date stated above, at 9.40 m. P.M.

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

	Date of onset
Septic abortion	10/20/35
Puerperal septicemia	10/24/35

Other contributory causes of importance: Generalized peritonitis — 10/31/35

Name of operation: Manual removal of placenta. Date of: Oct 30, 1935

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) C. A. Grant, M. D.

(Address) 6201½ King Hill Ave. St. Joseph, Mo.