FEB 20 1936

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

Do not use this space.

2111

1. PLACE OF DEATH
County: Marion — Registration District No.: 1040
Township: Miller — Primary Registration District No.: 5736
City: ..... (No. ..... St. ..... Ward)

File No.: .....
Registered No.: 1

2. FULL NAME: Theresa Kloeppel
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ferdinand Kloeppel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1/31/1875

7. AGE: Years 60 — Months 11 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Missouri

FATHER
13. NAME: Ignatius Bremer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT: Henry C. Kloeppel
(ADDRESS): Louisiana, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brinktown DATE: Jan. 29, 1936

19. UNDERTAKER: Fred H. Tuchert
(ADDRESS): Louisiana, Mo.

20. FILED: 2-1, 1936 — C. W. Winkelman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1935, to Jan 1, 1936
I last saw h. alive on Jan 1, 1936. Death is said to have occurred on the date stated above, at 12:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart block	1-26-36
Auricular fibrillation	unknown

Other contributory causes of importance:

Fractured hip	Oct 30-1935
Toxic goiter	unknown

Name of operation: X — Date of: X
What test confirmed diagnosis? X — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X — Date of injury: Oct. 30, 1935
Where did injury occur? Marion Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury: Tripped on rug & fell
Nature of injury: fractured hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: X

(Signed): Dorley Gates, M. D.
(Address): Brinktown, 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.