

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.

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Franklin

Registration District No. 1104

File No. 34095

Township Boone

Primary Registration District No. 5415-C

Registered No. 11

City Epist (No. Klossner)

St. Mo. Ward

2. FULL NAME

Epist Klossner

(a) Residence, No. Boone mo St. Mo. 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 male 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 Lena Klossner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13. 1848

7. AGE YEARS 88 MONTHS 6 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 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) Hops Mo

MOTHER 13. NAME Samuel Klossner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Elizabeth Tschappeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Lena Klossner

(ADDRESS) Lester mo

18. BURIAL, CREMATION, OR REMOVAL Lester mo. Cem. DATE Sept 3 36

19. UNDERTAKER G. H. Fennell

(ADDRESS) Boonville mo

20. FILED F-2 1936 W. P. Ritzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1936

22. I HEREBY CERTIFY, that I attended deceased from Jan 1932 to Sept 1 1936

I last saw him alive on Aug 31, 1936 Death is said to have occurred on the date stated above, at 2:10 a.m.

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

Chronic interstitial Nephritis Date of onset 1932

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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 J. H. Matthews, M. D.

(Signed) J. H. Matthews

(Address) Boonville Mo.

