DEC 3 1936

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

Do not use this space.

38192

File No.

Registered No. 66

1. PLACE OF DEATH

County Lawrence Registration District No. 467

Township Aurora Primary Registration District No. 4280

City Aurora (No. 822 Oak Ave St. Ward)

2. FULL NAME John P Klotz

(a) Residence, No. 822 Oak Ave 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Rebecca E Klotz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 21-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	3	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo-Pacific R*R*CO.

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) Illinois

FATHER

13. NAME Henry Klotz

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

MOTHER

15. MAIDEN NAME Elizabeth Kirsch

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

17. INFORMANT Mrs J.P.Klotz
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Galena Mo. DATE Oct,26 1936

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED 10-24 1936 R A Cowan M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1936 to Oct 24 1936

I last saw him alive on Oct 24 1936. Death is said to have occurred on the date stated above, at 1.00P.M.

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

Apoplexy.

Date of onset

Other contributory causes of importance: Hypertension and general arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) R W Smart, M. D.

(Address) Aurora 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.