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.

JAN 21 1937

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

Do not use this space.

2177

1. PLACE OF DEATH

63 County Maries — Registration District No. 1040 — File No.

Township Miller — Primary Registration District No. 5736 — Registered No. 12

City ..... (No. ....., 2 ..... St. ..... Ward)

2. FULL NAME Mary Kleffner 1

(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 12 yrs. X mos. X ds. How long in U. S., if of foreign birth? X yrs. X mos. X ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joe Kleffner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 11, 1848

7. AGE: YEARS 88 — MONTHS 2 — DAYS 22 — If LESS than 1 day, X hrs. or X min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X 262

10. Date deceased last worked at this occupation (month and year): 1924

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Westphalia Missouri 1

FATHER

13. NAME: ------Debryan 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown x 31

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Kleffner Brinktown, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER (ADDRESS): H H Strop Meta Mo

20. FILED 12-6, 1936 C W Wimpelman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1936 to ....., 19....

I last saw her alive on Dec. 2, 1936 Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Mitral stenosis	unknown

Other contributory causes of importance:

Pulmonary oedema	12-1-36

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 X, 19 X

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

X

Manner of injury X

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify X

(Signed) Conley Gates M.D.

(Address) Brinktown, Mo.