

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.

MAR 17 1937

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

Do not use this space.

5467

1. PLACE OF DEATH

County Charlton Registration District No. 177 File No. ....  
Township Tripletts Primary Registration District No. 5745 Registered No. ....  
City Tripletts (No. ....) St. .... Ward)

2. FULL NAME

Evelyn Klee  
(a) Residence, No. .... St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 2 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Klee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-22-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 0 20

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. ....  
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) Rowsville, Ky.

13. NAME Harvey Bradley

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

15. MAIDEN NAME Jane Canterbury

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

17. INFORMANT Elmer Klee (ADDRESS) Tripletts Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE M-Adelung DATE Feb-13-37

19. UNDERTAKER (ADDRESS) J. J. Baird Meriden Mo.

20. FILED Feb 11 1937 R. G. Price Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-11 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-11 1937 to Feb-11 1937

I last saw him alive on Feb-11 1937. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: 820

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 R. P. Price M. D.

(Signed) R. P. Price (Address) Tripletts Mo.

