

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

Do not use this space.

MAY 20 1937

16466

1. PLACE OF DEATH

42 County Henry Registration District No. 347
Township Bogart Primary Registration District No. 5485
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1937

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

22. I HEREBY CERTIFY, that I attended deceased from Apr 6 1937 to Apr 7 1937

I last saw him alive on April 7 1937 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2 - 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
65 5 5

Date of onset Apr 37

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

Diabetic Coma

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) Apr 5 37

11. Total time (years, months, and days) spent in this occupation _____

Diabetes Mellitus 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Missouri

13. NAME Benedict Klopferstein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

15. MAIDEN NAME Katherine Stuckey

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

17. INFORMANT (ADDRESS) John B. Klopferstein

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Vernon Cemetery DATE April 10 1937

19. UNDERTAKER (ADDRESS) Smith of Graham

20. FILED 5-10 1937 J. B. Hamilton Registrar

Name of operation _____ Date of _____

Where did surgery take place? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) Howard G. Smith M. D.
(Address) Garden City 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.

