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.

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois — Registration District No. 773 — File No. 38687
Township St. Francois — Primary Registration District No. 6018A — Registered No. 175
Near City Farmington, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Emma Kleete
(a) Residence, No. Knob Lick, Mo. 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: 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: Fred Kleete
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1876 - Mch 17th
7. AGE: 35 — YEARS: 61 — MONTHS: 7 — DAYS: 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Knob Lick Missouri

FATHER
13. NAME: John Arnold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn.

MOTHER
15. MAIDEN NAME: Sarah Eaves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knob Lick Mo

17. INFORMANT (ADDRESS): State Hospital #4 Records Farmington, Missouri
18. BURIAL, CREMATION, OR REMOVAL: I.O.O.F. Cemetery
PLACE Knob Lick, Mo. DATE 10-30 1937
19. UNDERTAKER (ADDRESS): Neidert Undertaker Farmington, Mo.
20. FILED Oct 29 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1937
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to Oct 28, 1937
I last saw her alive on Oct 28, 1937. 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:
Myocardosis
Chronic hemorrhagic glomerulo-nephritis
Date of onset
Other contributory causes of importance:
Schizophrenia. 131
Name of operation: none — Date of
What test confirmed diagnosis? P.M. — Was there an autopsy? Yes
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? No
If so, specify
(Signed) Paul J. Schrader MD, M. D.
(Address) State Hosp #4 Farmington, Mo.