

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.

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1002
City Jackson City (No. 7-C Gen Hosp)

File No. 40350
Registered No. 2139
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 209 E 14th St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 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) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jaw Mae Klepper

22. I HEREBY CERTIFY, That I attended deceased from 11-17, 1937 to 11-18, 1937
I last saw him alive on 11-18, 1937 Death is said to have occurred on the date stated above, at biwa m
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis of liver Date of onset _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1882

7. AGE YEARS 55 MONTHS 6 DAYS 14 If LESS than 1 day, hrs. or min.

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

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 _____

Other contributory causes of importance:
Pulmonary atelectasis and congestion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Record Clerk 7-C General
(ADDRESS) Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11-20-37

19. UNDERTAKER Quick and Tobin Co.
(ADDRESS) Jackson City, Mo.

20. FILED Nov. 20, 1937 M. M. Crowe
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____
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) P. F. DeMara, M. D.
(Address) Supt 7-C Gen Hosp

