DEC 20 1937

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

Do not use this space.

40377

**1. PLACE OF DEATH**

County: Jackson — Registration District No.: — File No.:

Township: Kaw — Primary Registration District No.: — Registered No.: 2

City: Kansas City (No. 6445 Jefferson St. Ward)

**2. FULL NAME** Alois Michael Kleinhoffer

(a) Residence, No. 6445 Jefferson St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Bess Mae Kleinhoffer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20, 1876

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 61 | 3 | 2 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith Grieves Print Co.

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

11. Total time (years) spent in this occupation 35 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER

13. NAME Alois Kleinhoffer

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

MOTHER

15. MAIDEN NAME Mary V. Helwig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) George F. Kleinhoffer Shawnee, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newcomer's Vault DATE Nov. 24, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED 11-22 1937 M. M. Crowson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/21/37, 19..., to 11/21/37, 19...
I last saw h... alive on 11/21, 1937. Death is said to have occurred on the date stated above, at 3:50 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion | |
| 9 1/2 D | |

Other contributory causes of importance:

2nd Anemia

None

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? None 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

(Signed) Arthur C. Cheney M. D.
(Address) 622 Brown Bldg.

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.

Prof. Bldg.