

DEC 15 1937

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

Do not use this space.

40876

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.)

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

61 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Jill Schultz Klages

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 20 - 1876

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs.  
or ..... min.

OCCUPATION

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

Labor

## 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)

Nov 1937

## 11. Total time (years) spent in this occupation

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

Cape Girardeau Mo

FATHER

## 13. NAME

Christian Klages

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

Germany

MOTHER

## 15. MAIDEN NAME

Henretta Bode

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

Cape Girardeau Mo

## 17. INFORMANT

(ADDRESS)

H. W. Klages  
Cape Girardeau Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Superior

DATE

11/20

1937

## 19. UNDERTAKER

(ADDRESS)

Newers & Co  
Cape Girardeau Mo

## 20. FILED

11-18

1937

J. M. Thompson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11-18

1937

## 22. I HEREBY CERTIFY, That I attended deceased from

10-15

1937

to

11-18

1937

I last saw him alive on

11-17

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:

Date of onset

Other contributory causes of importance:

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

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)

J. M. Thompson

M. D.

(Address)

Cape Girardeau 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.

16-8

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