

DEC 29 1937

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

Do not use this space.

42643

1. PLACE OF DEATH

County Stoddard Registration District No. 840
Township Duck Creek Primary Registration District No. 6102
City (No.) St. Ward)

File No.
Registered No. 426

2. FULL NAME

Barrie Klaffer
(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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 8
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation life

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

13. NAME William H Piester

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

15. MAIDEN NAME Elzina Moore

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

17. INFORMANT W. H. Klaffer
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Funerary DATE 11-28-37

19. UNDERTAKER W. H. Piester
(ADDRESS) 1200 N. 1st St.

20. FILED Nov 27 1937 Virvian Hauke (Glen)
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1937 to Sept 26 1937

I last saw her alive on Sept 26 1937. Death is said to have occurred on the date stated above, at 6:45 P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of 22 Aug
What test confirmed diagnosis?

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

Where did injury occur?

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) W. H. Tarpley, M. D.
(Address) 1200 N. 1st St.

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.

