

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Warrens
City (No.) St. Ward)

Registration District No. 775
Primary Registration District No. 5580

File No. 45746
Registered No. 5

2. FULL NAME

William John Kley
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Trust Kley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 - 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 12/20/29
11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo

13. NAME Andrew Kley

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

15. MAIDEN NAME Katherine Buchmeister

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

17. INFORMANT Fred A. Ulrich
(ADDRESS) House Springs Mo

18. BURIAL, CREMATION OR REMOVAL PLACE High Ridge Mo DATE 12/15/37

19. UNDERTAKER W. Brimmer
(ADDRESS) House Springs Mo

20. FILED 14 1937 Fred A. Tompkins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1937, to Dec 13th 1937

I last saw him alive on Dec 17th 1937 Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Cerebral Hemorrhage Date of onset 12/9/37

Other contributory causes of importance: Chronic Scurvy 4 yr

Name of operation None Date of —
What test confirmed diagnosis Clinical Was there an autopsy? No

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) W. Dalton M. D.
(Address) Fenton 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.

