

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

Do not use this space.

1824

1. PLACE OF DEATH

County Jackson
Township Russ
City Kansas City, Mo.

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1912 E 35th St. Ward. 425
(Usual place of abode)

(If nonresident, give city or town and State)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1937 to Dec. 24, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-37

I last saw h. Stillborn, 1937. Death is said to have occurred on the date stated above, at 12:25 pm (Stillborn). The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. stillborn

Stillborn (Asphyxia - Unilateral cold about the body.)
Date of onset 12-24-37

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Mo.

Name of operation None Date of _____
What test confirmed diagnosis? Clinical autopsy Was there an autopsy? yes

FATHER 13. NAME Sam Kleugman

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

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

15. MAIDEN NAME Edna Fern Sague

Manner of injury _____
Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

17. INFORMANT Mrs Edna Kleugman
(ADDRESS) 1912 East 35th Street

(Signed) Ferneth A. Sague, M. D.
(Address) 3301 Woodland Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Dec. 24, 1937

19. UNDERTAKER Permission was given to St. Lukes Hospital for cremation
(ADDRESS) _____

20. FILED Jan 15, 1938 M. M. Crowne
Registrar.

Every item of information should be carefully supplied. Accuracy should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

FEB 19 1937

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MO. STATE BOARD OF HEALTH