

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

Do not use this space.

1881

1. PLACE OF DEATH  
 4 County Audrain Registration District No. 25-  
 13 Township \_\_\_\_\_ Primary Registration District No. 4019  
 0 City Martinsburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Paulina Klarenbach 465  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gustavia Klarenbach  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1852  
 7. AGE YEARS 85 MONTHS 4 DAYS 14 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3-38  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1937, to Jan 3, 1938  
 I last saw her alive on Jan 3, 1938 Death is said to have occurred on the date stated above, at 5:40 a.m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife  
 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 \_\_\_\_\_

Coronary Thrombosis and Myocardial Degeneration.  
 Date of onset 1-2-38  
 Other contributory causes of importance: \_\_\_\_\_

**RECEIVED**

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.  
 FATHER 13. NAME William Koch  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Hennetta Becker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation FEB 21 1938 Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT Fred Klarenbach (ADDRESS) Martinsburg Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Caddonia Mo. DATE Jan 5 1938  
 19. UNDERTAKER (ADDRESS) H. G. Grainger  
 20. FILED Jan 4 1938 Mary C. Jacob Registrar.

23. If death occurred in the Bureau of Vital Statistics (see), fill in also the following:  
 Accident, date and time of occurrence \_\_\_\_\_ 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) I. G. Island, M. D.  
 (Address) Wellsville Mo.

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

