REC'D APR 1 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Vernon — Registration District No. 875 — File No. 12358

Township: Center — Primary Registration District No. 3039 — Registered No. 73

City: Nevada (No. ..... St. ..... Ward)

2. FULL NAME John Jacob Klumpp

(a) Residence, No. 920 Minnesota Ave. 5th Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Klumpp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 17, 1866

7. AGE: Years 71 — Months 6 — Days 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year):

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County Iowa

FATHER

13. NAME: Ben Hart Klumpp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known Not Known

17. INFORMANT (ADDRESS): Gneil Klumpp Nevada, Mo

18. BURIAL, CREMATION, OR REMOVAL: Mt Pleasant Cemetery DATE Mar 19, 1938

19. UNDERTAKER (ADDRESS): Terry Funeral Home Nevada, Mo.

20. FILED Mar. 19 1938 Allen E. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1938, to March 17, 1938

I last saw him alive on March 15, 1938. Death is said to have occurred on the date stated above, at 1:40 P. m.

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

	Date of onset
Cerebral hemorrhage	3/13/38
Generalized arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

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? No Date of injury None, 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify:

(Signed) J. W. Pierce M. D.

(Address) Nevada 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD