

REC'D FEB 20 1939

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

Do not use this space.

1103

1. PLACE OF DEATH

County JacksonTownship KawCity Kansas City(No. 3135, Karnes Blvd.Registration District No. 399Primary Registration District No. 1002

File No.

Registered No. 116

St. _____ Ward _____

2. FULL NAME 452 Peter Henry Klinkenberg(a) Residence, No. 3135 Karnes Blvd. 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

Fannie Buckner Klinkenberg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 15, 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

671024

OCCUPATION

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

Retired Director

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

McPike Drug Co.

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

1934

11. Total time (years) spent in this occupation

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

Salina Kansas

MOTHER FATHER

13. NAME

Cornelius Klinkenberg

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

Holland

15. MAIDEN NAME

Margaret Elevelt

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

Holland

17. INFORMANT

Mrs. William L. White

(ADDRESS)

New York, N. Y.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ottawa, Kansas DATE Jan. 10, 1939

19. UNDERTAKER

Gates Funeral Home

(ADDRESS)

Kansas City, Kansas

20. FILED

Jan 10 1939 M. M. Cronin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939 to Jan 8, 1939First saw him alive on Jan 7, 1939 Death is said to have occurred on the date stated above, at 6 A. m.

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

Cardiac De-compensation
ascitesDate of onset
1938

Other contributory causes of importance:

Plenomyelogenous Leukemia
Coronary DiseaseDate of onset
1923
2 mthsName 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? NoIf so, specify Madore Anderson

(Signed) _____, M. D.

(Address) 1317 Rialto Bldg

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.

