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.

L... FEB 23 1939

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

Do not use this space.

File No. 2234

Registered No.

1. PLACE OF DEATH
County: FRANKLIN
Township: UNION
City: (No. St. Ward)
Registration District No. 296
Primary Registration District No. 5413

2. FULL NAME: HERMAN KLOPHAUS
(a) Residence, No. FRANKLIN Co. INFIRMARY St. Ward. Berger, Mo RFD
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 14 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): SINGLE

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

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

7. AGE: YEARS 78 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berger Mo

FATHER
13. NAME: UNKOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown

MOTHER
15. MAIDEN NAME: Unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unkown

17. INFORMANT: Wm Oress
(ADDRESS): Union Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: STONY HILL, Mo DATE: 1-17 1939

19. UNDERTAKER: HERMAN BLUMER
(ADDRESS): Berger Mo

20. FILED 1/16 1939 Louis T. Howe M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-4 1939, to 1-14 1939
I last saw him alive on 1-13 1939. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1932
121	
Other contributory causes of importance: Nephritis	1938

Name of operation: No Date of X
What test confirmed diagnosis? Physical 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) H. M. Drury, M. D.
(Address) Union Mo