

REC'D MAY 18 1939

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

Do not use this space.

15780

1. PLACE OF DEATH

80 County Pettis Registration District No. 668
 Township Flattigeb Primary Registration District No. 5891
 City Sedalia (No. Sedalia R#1) St. _____ Ward _____

2. FULL NAME

Baby Boy of Mr. & Mrs. H. E. Klein
 (a) Residence, No. Sedalia R#1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>0</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>0</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26, 1939</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>0</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>0</u>		
10. Date deceased last worked at this occupation (month and year) <u>0</u>		
11. Total time (years) spent in this occupation <u>0</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis Co Mo 0</u>		
13. NAME <u>H. E. Klein</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper Co Mo 0</u>		
15. MAIDEN NAME <u>Meta Lindemann</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pettis Co Mo</u>		
17. INFORMANT <u>H. E. Klein</u> (ADDRESS) <u>Sedalia R#1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethelham</u> DATE <u>April 27, 1939</u>		
19. UNDERTAKER <u>M. Laughlin Bros</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>4-27-</u> 19 <u>39</u> <u>Mrs Harry Sneed</u> Registrar <u>961</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26, 193922. I HEREBY CERTIFY, That I attended deceased from Stillborn, 1939I last saw h. alive on, 1939 Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

Stillborn
 Other contributory causes of importance:
Secondary to toxemia of mother

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? M23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1939Where 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 or profession? No

If so, specify _____

(Signed) Arden Stauffer M. D.(Address) Sedalia 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/5/29