

235 JUN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Pettis

Township Sedalia

City Sedalia (Bothwell Hospital)

Registration District No. 668

Primary Registration District No. 3092

File No. 19442

Registered No. 151

St. _____ Ward _____

2. FULL NAME

Mrs Mette Lindeman Klein

(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. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Harry Klein

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

Aug 26-08

7. AGE

YEARS

MONTHS

DAYS

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

30

8

12

OCCUPATION

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

Housewife

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)

Smithton Mo

FATHER

13. NAME

C. H. Lindeman

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

Germany

MOTHER

15. MAIDEN NAME

Lydia Monsee

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

Smithton Mo

17. INFORMANT (ADDRESS)

Harry Klein Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Smithton Mo DATE 5-10-1939

19. UNDERTAKER (ADDRESS)

P. F. Hammer Smithton Mo

20. FILED

May 10 1939 Mrs Harry Snee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

MAY 8 1939

22. I HEREBY CERTIFY, That I attended deceased from APRIL 24 1939 to MAY 8 1939

Last saw h. & R. alive on MAY 8 1939. Death is said to have occurred on the date stated above, at 3:30 P. m.

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

PERITONITIS FOLLOWING PUERPERAL INFECTION

Date of onset

Other contributory causes of importance:

SECONDARY ANEMIA

PHLEBITIS

ABSCESS OF LEFT EYE

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? N.D.

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) Gordon Bauffacher, M. D.

(Address) Sedalia Missouri

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

6, 8, 39

Date Filed