

REC'D AUG 7 1939

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

24850
Do not use this space.

Registered No. 3063

1. PLACE OF DEATH

(a) County Jackson 3 Registration District No. 319

(b) Township Raw Primary Registration District No. 1002

(c) City R. C. Mo 2 (d) Street No. Union Station St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David R. Klugh

(a) Residence, No. Erud Okla St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

65	67	4	
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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) Indiana

13. NAME Andrew J. Klugh

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

15. MAIDEN NAME Mrs. Thomaung

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

17. INFORMANT (ADDRESS) Queen L. Klugh
Erud Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Erud Okla DATE July 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. ...
R. C. Mo

20. FILED 7-31 1939 M. M. Crewe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30-39 19

22. HEREBY CERTIFY That I attended deceased from County, Coroner 19

I last saw him live on July 11 1939 at 11:20 P.M. Death is said to have occurred on the date stated above, at 11:20 P.M.

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

Coronary sclerosis
Old coronary occlusion
Chronic myocardial infarction
Coronary aneurysmal formation

Other contributory causes of importance:
Hypertrophy of the heart
Acute pulmonary congestion

Name of operation Date of operation

What test confirmed diagnosis? Was there an autopsy? Yes

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?
If so, specify (Signed) Coroner J. ... M. D.
(Address) Gen Hosp. R. C. 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.