

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

Do not use this space.

OCT 21 1939

**1. PLACE OF DEATH**

County Christian

Township Ballouay

City 1110

Registration District No. 184

Primary Registration District No. 6270

File No. 32162

Registered No. 36

**2. FULL NAME**

(a) Residence, No. 1110

(Usual place of abode)

Length of residence in city or town where death occurred

St. Mo.

Ward.

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 3 26

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

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) Missouri

13. NAME Charley Klaff

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

15. MAIDEN NAME Daphne Jones

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

17. INFORMANT (ADDRESS) Charley Klaff no. 1110

18. BURIAL, CREMATION, OR REMOVAL PLACE Highlandville DATE Sept 2, 1939

19. UNDERTAKER (ADDRESS) G. B. Chaffin

20. FILED Oct 1, 1939 Loretta Leonard Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1939, to Sept 1, 1939

I last saw him alive on Aug 29, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

acute Anterior Cause unknown

Date of onset Aug 26, 1939

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify

(Signed) R. E. Farthing, M. D.

(Address) Ozark Mo.

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. 6,

District File Number 1039-2122

Date Filed OCT 19 1939