WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100M-11-24-33

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

FILED MAR 2 1942

Do not use this space.

65

File No. 7239

Registered No. 10

1. PLACE OF DEATH

County Maries — Registration District No. 542

Township Jefferson Inc — Primary Registration District No. 5730

City Belle (No. 1 St. Ward) 0

2. FULL NAME Charles W. Klaas

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male 0

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married 1

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1873.

7. AGE: YEARS 68 — MONTHS 4 — DAYS 17 — 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. Farm

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) Feuersville Mo. 0

FATHER

13. NAME Frederich Klaas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

MOTHER

15. MAIDEN NAME Margaret Gieck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 4

17. INFORMANT (ADDRESS) C. V. Klaas Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Cem. DATE Jan. 15, 1942

19. UNDERTAKER (ADDRESS) S. G. Licklider Belle, Mo.

20. FILED 2/6/42, 19 Erma Bassett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1942. 19

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1941, to 1/13, 1942

I last saw him alive on 1/11, 1942 Death is said to have occurred on the date stated above, at 5 p. m.

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

	Date of onset
Diabetis Melitus	1941
61	

Other contributory causes of importance:

Arteriosclerosis	1941
Myocardial Degeneration	1941

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Dr. R. H. Schoenhals

(Address) Belle, Mo.

MAR 19 1951