

JUN 28 1926

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

15690

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township 1 Primary Registration District No. 3009
 City 1 (No. 1)

File No. 588
 Registered No. 588
 St. 1 Ward 1

2. FULL NAME

(a) Residence. No. 393 St. Louis Ward. 1
 (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 Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-16-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 1 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Brick Burner
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer West End Brick Co.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Herman mo.

10. NAME OF FATHER

Louis Kleutke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

L. Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Mrs. S.P. Kleutke

(Address) Cape Girardeau, Mo.

15.

FILED 579 26 APR 1926 Beck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-18 1926

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1926, to May 18, 1926.
 that I last saw him alive on May 17, 1926, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrenous appendicitis

12-4-18
11700
 (duration) yrs. mos. ds. 0 0 9

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds. 0 0 0

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 12-1926

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W.A. Schen, M.D.

5-19, 1926 (Address) Cape Girardeau Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Nashville Tenn 5-20-26

20. UNDERTAKER

ADDRESS

Al. Brinkhoff Cape Girardeau 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.