

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

Do not use this space.

SEP 26 1934

29563

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kan Primary Registration District No. 1002  
 City Kansas City (No. 3730 Paseo) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2982

2. FULL NAME William Kling  
 (a) Residence, No. 3730 Paseo 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. 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 Mrs Clara Kling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
67	7	11	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kling & Allen

10. Date deceased last worked at this occupation. (month and year) Bowling Alley 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER

13. NAME John Kling

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

MOTHER

15. MAIDEN NAME Caroline Larch

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

17. INFORMANT Mrs Clara Kling  
 (ADDRESS) 3730 Paseo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Calvary DATE August 28, 1934

19. UNDERTAKER Quirk & Tobin Co  
 (ADDRESS) Linwood & Main

20. FILED 27, 1934 M. M. Lerow  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21, 1934 to Aug. 25, 1934  
 I last saw him alive on Aug. 25, 1934 Death is said to have occurred on the date stated above, at 9.15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset Aug 14  
Arterial Sclerosis 1929

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 no  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) V. W. Harned M.D.  
 (Address) 406 Withman Bldg.