

PLACE OF DEATH

STANDARD CERTIFICATE OF DEATH

Local No. 213

County WAYNE

INDIANA STATE BOARD OF HEALTH

Registered No. 23507

Incorporated WAYNE

DIVISION OF PUBLIC HEALTH RECEIVED 2

Town

St. RICHMOND

No. 9.5th AND P. ST. R.R. 4

St.

(If death occurred in a hospital or institution, give its name instead of street and number)

Length of residence in city or town where death occurred

How long in U. S. if of foreign birth?

FULL NAME JOHN S. KLINGER

Residence: No. 9.5th AND P. ST. R.R. 4

St.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

MALE

COLOR OR RACE

WHITE

Single, Married, Widowed or Divorced (write the word)

WIDOWED

DATE OF DEATH

Sept 1 1932

(Month)

(Day)

(Year)

If married, widowed, or divorced

HUSBAND of

ELIZABETH JANE

DATE OF BIRTH (month, day and year) FEB. 2, 1866

AGE

Years

Months

Days

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

66

HEBEY CERTIFY, That I attended deceased from July 1931 to Aug 31, 1932 and that death occurred, on the date stated above, at 5 P. M.

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

OCCUPATION

Trade, profession, or particular kind of work done as spinner, surveyor, bookkeeper, etc.

BRICK MASON

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

Months deceased last worked at this occupation

Total time (years) spent

Coronary vascular renal disease, Chronic Capillitis

Date of onset

BIRTHPLACE

(State or country) INDIANA

MOTHER FATHER NAME

SAMUEL KLINGER

BIRTHPLACE

(State or country) OHIO

MAIDEN NAME

ELIZABETH PYLE

BIRTHPLACE

(State or country) OHIO

INFORMANT

(Address)

PLACE OF BURIAL OR REMOVAL

RICHMOND, INDIANA Date 9/3 1932

UNDERTAKEN

STEELE

ADDRESS

RICHMOND

WAS THE BODY EMBALMED?

YES

EMBALMER'S LICENSE

1288

Filed

Sept. 1 1932

Health Officer or Deputy

Was disease or injury in any way related to occupation of deceased? (Signed) J. C. Clawson, M. D. Sept 1, 1932 (Address) Richmond

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED, NOT WHERE LIVED. Best form of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, that it may be properly classified. The "Special Information" for persons dying away from home should be given in every instance.