

STATE OF NEBRASKA

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DATE OF ISSUANCE

JUN 19 2012

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
 STANLEY S. COOPER  
 ASSISTANT STATE REGISTRAR  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

PLACE OF DEATH

STATE OF NEBRASKA

CERTIFICATE OF DEATH

COUNTY OF Douglas

TOWNSHIP OF \_\_\_\_\_  
 OR \_\_\_\_\_

VILLAGE OF \_\_\_\_\_

CITY OF Maaha [No. 2719 Beving St Ward] \_\_\_\_\_

[If death occurs away from USUAL RESIDENCE give facts called for under "Special Information."]

FULL NAME Jacob Klein

REGISTER No. 1893

[If death occurred in a Hospital or Institution, give its **name** instead of street and number.]

K-450

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR White

DATE OF DEATH Apr 23 1905

DATE OF BIRTH May 6, 1840  
 (Month) (Day) (Year)

I HEREBY CERTIFY. That I attended deceased from \_\_\_\_\_ 190... to \_\_\_\_\_ 190... that I last saw h... alive on \_\_\_\_\_ 190... and that death occurred, on the date stated above, at \_\_\_\_\_

AGE 64 years 11 months 17 days

M. The CAUSE OF DEATH was as follows:  
Cancer of Stomach & Liver

SINGLE, MARRIED, WIDOWED OR DIVORCED Married

BIRTHPLACE (State or Country) Austria

NAME OF FATHER Abraham

BIRTHPLACE OF FATHER (State or Country) Austria

MAIDEN NAME OF MOTHER Rose

BIRTHPLACE OF MOTHER (State or Country) Austria

OCCUPATION \_\_\_\_\_

Contributory \_\_\_\_\_ (Duration) \_\_\_\_\_ Days  
 Signed A. Brown M. D.  
 \_\_\_\_\_ 190... (Address) Om

The above stated personal particulars are true to the best of my knowledge and belief

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residence

Former or Usual Residence \_\_\_\_\_ How long at Place of Death? \_\_\_\_\_ Days

Where was disease contracted, if not at place of death? \_\_\_\_\_

FILED (To be filled at office of Secretary)

May 25 1905 Frances Bolton Registrar

PLACE OF BURIAL OR REMOVAL Pleasant Hill DATE OF BURIAL \_\_\_\_\_ 190...

UNDERTAKER Sodder ADDRESS Om