

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

Do not use this space.

4080

1. PLACE OF DEATH
 24 County Clay Registration District No. 198 File No. _____
 Township Fishing River Primary Registration District No. 6277a Registered No. 31
 City Missouri City (No. _____) St. _____ Ward _____

2. FULL NAME Barney Cleverger Sr.
 (a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mat Cleverger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8/13/1851</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) <u>Life time</u>	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> <u>2</u>		
FATHER	13. NAME <u>John Cleverger</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Letta Dillon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Joseph Cleverger</u> (ADDRESS) <u>Church mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem.</u> DATE <u>2/10</u> 19 <u>32</u>		
19. UNDERTAKER <u>C. V. Gibson</u> (ADDRESS) <u>Church mo</u>		
20. FILED <u>7/5</u> 19 <u>32</u> <u>Y. D. Craven</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1932, to Feb 9 1932
 I last saw him alive on Feb 7 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Tubercle Sclerosis
 Other contributory causes of importance: _____
 Date of onset 2/5/32

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) M. E. Myron M. D.
 (Address) Liberty, Clay County Mo

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.

1932 FEB 22 1932

