

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

Do not use this space.

25695

1. PLACE OF DEATH

24 County Clay Registration District No. 198 File No. _____
 Township Fishing River Primary Registration District No. 5277a Registered No. 106
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Beatrice Madge Clevenger
 (a) Residence, No. Farm St. _____ Ward _____ (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Clevenger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. mo. 1

13. NAME Jan. Grace

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. mo.

15. MAIDEN NAME Ellist Beatty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co.

17. INFORMANT (ADDRESS) Harry Clevenger

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage DATE 8/20 1932

19. UNDERTAKER (ADDRESS) Herbert Hope

20. FILED 1932 J. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1932 to Aug 18 1932
 I last saw her alive on Aug 18 1932 Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 8/16/32

Other contributory causes of importance: Last stages Diabetes Mellitus

Name of operation _____ Date of _____
 What test confirmed diagnosis? Hem Was there an autopsy? no

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) Jan. Grace M. D.
 (Address) Osage Springs, 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. SEP 3 4 1932

