

JUN 25 1936

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

Do not use this space.

16553

1. PLACE OF DEATH

County Ray Registration District No. 743  
Township Freshley River Primary Registration District No. 6237  
City (No. ....) St. .... Ward)

2. FULL NAME

Bornelia Jane Cleverger  
(a) Residence, No. 78 St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 78 yrs. 3 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Cleverger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23-1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>20</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>at home</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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Mo.</u>		
FATHER	13. NAME <u>Elias Hightower</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Wyman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Mo</u>	
17. INFORMANT (ADDRESS) <u>Ron H. Cleverger</u> <u>R. 2. Freshley River</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Garden</u> DATE <u>April 15, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert Hape</u> <u>Salmon Springs</u>		
20. FILED <u>6/10</u> 19 <u>36</u> <u>[Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1936, 19Apr 13

22. I HEREBY CERTIFY, That I attended deceased from 1936 19Apr 13 to Apr 13, 1936  
I last saw h. alive on same date ago. Death is said to have occurred on the date stated above, at 7 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Palsy with Hemiplegia  
Date of onset

Other contributory causes of importance:  
Completed age -

Name of operation [Signature] Date of [Signature]  
What test confirmed diagnosis? [Signature] Was there an autopsy? [Signature]

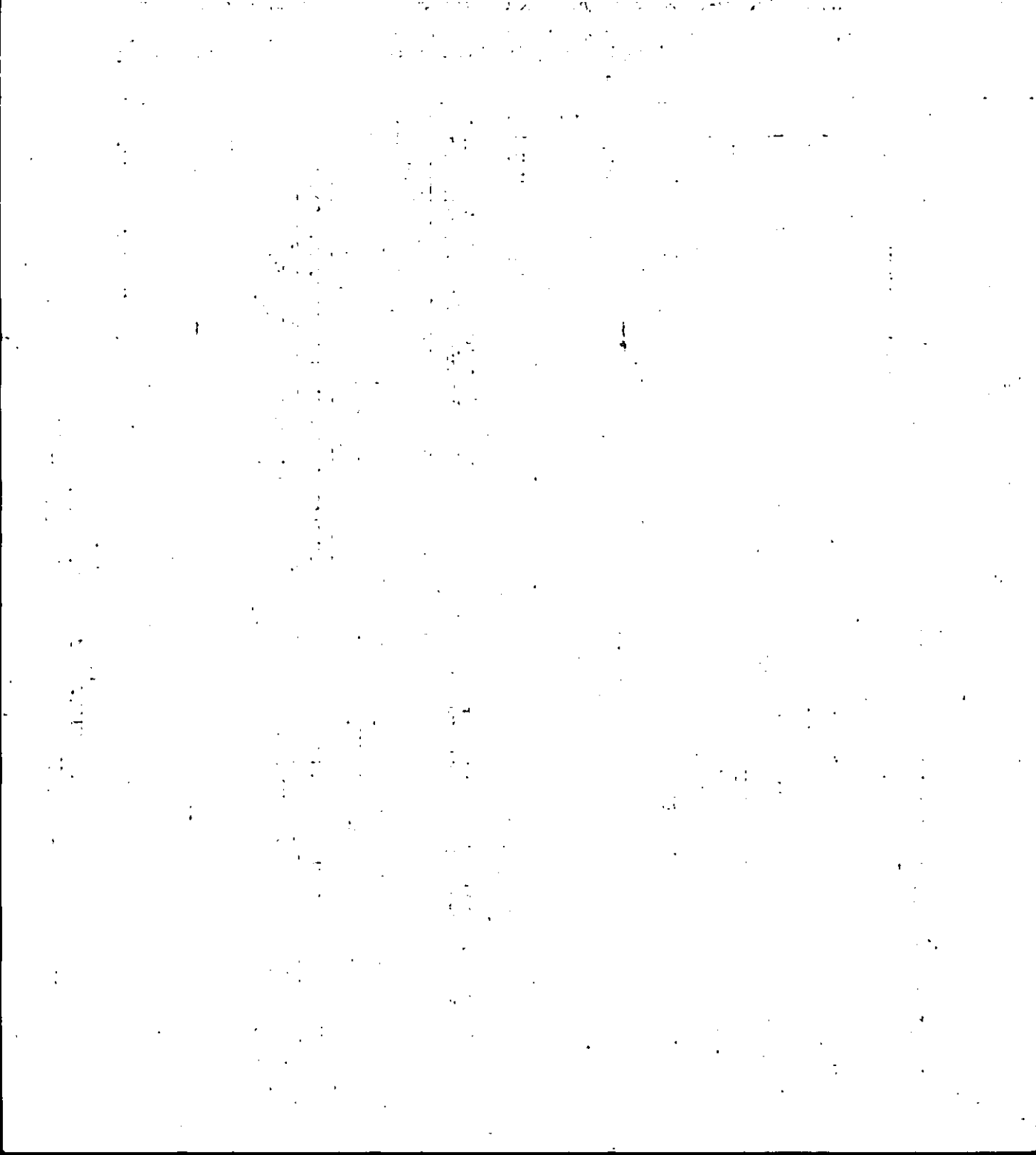
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury [Signature], 1936  
Where did injury occur? [Signature] (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury [Signature]  
Nature of injury [Signature]

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify [Signature], M. D.  
(Signed) C. P. Barilly  
(Address) Ex. 1000 Springs 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.



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1. PLACE OF DEATH

County Ray Registration District No. 743  
Township Fishing River Primary Registration District No. 6237  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. FULL NAME

Carnelia Jane Clewenger

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 3 20

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. \_\_\_\_\_

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

13. NAME Eliza Highower

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

15. MAIDEN NAME Mary Wyman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo

17. INFORMANT Elder Leon Clewenger  
(ADDRESS) 6, Gibson Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Garden DATE April 15, '36

19. UNDERTAKER Herbert B. Bate  
(ADDRESS) 6, Gibson Springs Mo

20. FILED 6/10 19. 36 C. Bate Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13th 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to APRIL 13, 1936

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 p.m.

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

Cerebral Paralysis  
Cerebral Hemorrhage  
C.P.S.

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

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) C. P. Bailey, M. D.  
(Address) Gibson Springs Mo

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