

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.

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

Do not use this space.

99 1. PLACE OF DEATH
6
4

OCT 17 1934

County RAY Registration District No. 744
Township Richmond Primary Registration District No. 3035
City RICHMOND (No. St. Ward)

2. FULL NAME EDWIN CLEYENGER

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

33854

File No.
Registered No. 116

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cordelia Chauger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 6 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fanner

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) Missouri

MOTHER FATHER

13. NAME Jesse Chauger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jesse

15. MAIDEN NAME Phabe Toole

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Miss Edna Chauger
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Overlook MO DATE 9/17/34

19. UNDERTAKER E. M. Gossier
(ADDRESS) Richmond MO

20. FILED 10-9, 19. 34 E. E. Jay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1934, to Sept 18 1934
I last saw him alive on Sept 15 1934 Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Cerebral Paresis Date of onset
Attacked for more than a year, died suddenly

Other contributory causes of importance:
QUA

Name of operation..... Date of.....
What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external cause (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) E. D. Greene, M. D.
(Address) Richmond Mo.

