

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

Do not use this space.

21591

**1. PLACE OF DEATH**

County Ray  
Township Highland  
City Highland (No. ....)

Registration District No. 742  
Primary Registration District No. 5-977a

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Elias Madison Cleverger

(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 7 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

male | white | married

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

Mary Cleverger

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

Mar 12 - 1856

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

72 | 2 | 17 |     

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ray Co Mo

PARENTS

10. NAME OF FATHER Samuel Cleverger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Highland Mo

12. MAIDEN NAME OF MOTHER Humbard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Highland Mo

14. INFORMANT (Address) Willie H. Cleverger, Vibbard, Mo.

15. FILED 6-20-1928 Edwin Shouse REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1928

17. I HEREBY CERTIFY That I attended deceased from 1-5-1928 to 6-9-1928 that I last saw him alive on 5-29-1928, and that death occurred, on the date stated above, at 12:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Hepatitis

72R (duration) 1 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) Heart Disease (duration) 2 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED Not at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopy (Signed) John J. Cook, M. D. (Address) Richmond Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cemetery DATE OF BURIAL 6-10-1928

20. UNDERTAKER H.T. Hope ADDRESS Excelsior 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.

