

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

Do not use this space.

MAR 28 1935

6555

1. PLACE OF DEATH

County Daviess Registration District No. 742
 Township Daviess Primary Registration District No. 5-977a
 City Daviess (No. _____) St. _____ Ward _____

2. FULL NAME

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 1895</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Thomas C. Clevenger</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Lois A. Clevenger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daviess Mo.</u>		
17. INFORMANT <u>Thomas C. Clevenger</u> (ADDRESS) <u>Daviess Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Daviess Mo.</u> DATE <u>Feb 18 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Ward</u>		
20. FILED <u>Feb 19 1935</u> <u>Edwin Stenel</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 16 1935 to Feb 17 1935
 last saw her alive on Feb 17 1935. Death is said to have occurred on the date stated above, at 7:15 m.
 The principal cause of death and related causes of importance were as follows:
Atelactasis & Marasmus of newborn
1519

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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) Oliver E. Buehler, M. D.
 (Address) Daviess 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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