

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

20162-2

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

3

1. PLACE OF DEATH  
County Ray Registration District No. 743 File No. 20162-5  
Township Bushygrove Primary Registration District No. 6237 Registered No. 76  
City (No. ....) St. .... Ward)

2. FULL NAME James Arthur 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Batchler  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 13<sup>th</sup> 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 7 - 5  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employee) no  
(c) Name of employer none

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15<sup>th</sup> 1920  
17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
suicide by hanging with rope.  
18.5 (duration) yrs. ✓ mos. ✓ ds.  
CONTRIBUTORY (SECONDARY) ✓ 13 (duration) yrs. ✓ mos. ✓ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.  
10. NAME OF FATHER Pittman Cleverger  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.  
12. MAIDEN NAME OF MOTHER Emily Francis Dodge  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: ✓  
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? ✓  
(Signed) Abraamital Harris  
, 19 (Address) Common

14. INFORMANT B. J. Cleverger  
(Address) 1400 S. Main St. Ray Mo.  
15. FILED Sept 10 1920 L. E. Eddle REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Swamp Ray Co DATE OF BURIAL 5/19-1920  
20. UNDERTAKER Robert H. Hoke ADDRESS Excelsior Mo

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.

# LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. REGISTRARS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH  
 County..... File No. ....  
 Township..... Registered No. ....  
 City..... (No. ....) St. .... Ward .....

2. FULL NAME  
 (a) Residence, No. .... St. .... Ward .....

(Usual place of abode)  
 Length of residence in city or town where death occurred 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 (State the word) .....

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

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

7. AGE, YEARS	MONTHS	DAYS
.....	.....	.....

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work .....

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

(c) Name of employer .....

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) ..... 19 .....

17. I HEREBY CERTIFY, That I attended deceased from ..... 19 .....

that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)  
 (a) Trade, profession, or particular kind of work ..... da.  
 (b) General nature of industry, business, or establishment in which employed (or employer) ..... da.  
 (c) Name of employer ..... da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH..... DATE OF  
 DID AN OPERATION PRECEDE DEATH..... DATE OF  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed)..... M. D.  
 19..... (Address) .....

State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL .....

20. UNDERTAKER ..... ADDRESS .....

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

10. NAME OF FATHER .....

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

12. MAIDEN NAME OF MOTHER .....

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

14. INFORMANT (Address) .....

15. FILED ..... 19..... REGISTRAR .....