

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. **JAN 4 1934**

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

Do not use this space.

37597

1. PLACE OF DEATH
 49 County Ray Co. Registration District No. 743
 Township Jackson River Primary Registration District No. 6237
 City Excelsior Springs (No. _____) St. _____ (Ward) _____

2. FULL NAME Jasper Cleverger
 (a) Residence No. Harm St. _____ Ward _____
 (Usual place of abode) 1 mi. East Exc. Spgs. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cinnie Lee Cleverger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1858

7. AGE YEARS 75 MONTHS 9 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 1933 11. Total time (years) spent in this occupation all

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

FATHER
 13. NAME William Cleverger
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Nancy M. Cirkle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Lt. E. T. Todd
 (ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Nov. 20, 1933

19. UNDERTAKER Herbert Hope
 (ADDRESS) Excelsior Springs Mo.

20. FILED Nov 27, 1933 L. E. Keller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Nov 18, 1933
 I last saw him alive on Nov 18, 1933 Death is said to have occurred on the date stated above, at 1:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation
Myocarditis
Cardiac Dehydration
 Date of onset 1932

(Other contributory causes of importance:
97
Cardiac Dehydration 1933

Name of operation Cath X Ray Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? No

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) H. J. James, M. D.
 (Address) Excelsior Springs, Mo.

