

1937

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

Do not use this space.

7813
87

1. PLACE OF DEATH

County Ray
Township Festivals River
City (No. St. Ward)

Registration District No. 743
Primary Registration District No. 6237

File No. 7813
Registered No. 87

2. FULL NAME Russel E. Clewager

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Death suddenly - no medical attendance
I last saw deceased on 2/25, 1937. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/12/1876

7. AGE YEARS 61 MONTHS - DAYS 13 If LESS than 1 day,hrs. ormin.

Pulmonary Tuberculosis -
when in being
eroded artery, he died
in few minutes -
was dead when I saw him

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) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

13. NAME Jerome Clewager

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

15. MAIDEN NAME Mollie C. Trakes

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

17. INFORMANT Maggie Clewager
(ADDRESS) Orwick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cent Ray Co DATE 2/27 1937

19. UNDERTAKER C. W. Libbey
(ADDRESS) Orwick Mo

20. FILED 3/10 1937 W. H. H. H. Registrar

Name of operation Date of
What test confirmed diagnosis? 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? If so, specify

(Signed) W. H. H. H. M. D.
(Address) Orwick Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

