

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

Do not use this space.

23799
17

1. PLACE OF DEATH

89 County Ray
2 Township Crooked River
3 City Hardin (No. _____)

Registration District No. 740
Primary Registration District No. 4442

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Samuel Thompson Clevezyer

(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>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>no</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
			<u>4</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>			
	10. Date deceased last worked at this occupation (month and year) <u>no</u>		11. Total time (years) spent in this occupation <u>no</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to July 24, 1932

I last saw him alive on July 23, 1932. Death is said to have occurred on the date stated above, at 4:20 P. M.

The principal cause of death and related causes of importance were as follows:

Obstructed Bowel

Date of onset

Other contributory causes of importance:

①

Name of operation no Date of _____

What test confirmed diagnosis? clinical 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) Marvin Lemis, M. D.

(Address) Hardin, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hardin, Mo.</u>
	13. NAME <u>Jewel W. Clevezyer</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>
	15. MAIDEN NAME <u>Grace Marie Phillips</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beatty, Mo.</u>
	17. INFORMANT (ADDRESS) <u>Jewel W. Clevezyer Hardin Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>South Pointers</u> DATE <u>July 20</u> , 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>C. V. Gebben Jones Mo.</u>	
20. FILED <u>July 20</u> , 19 <u>32</u> <u>R. A. Willeford</u> Registrar	

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.

AGE 4 8 1932

RECORD OF DEATHS IN THIS STATE—A PERMANENT RECORD

of the Bureau of
is very important

of the Bureau of
is very important

of the Bureau of
is very important

of the Bureau of
is very important

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Carroll
Township Hardman
City Hardman (No. _____)

Registration District No. 740
Primary Registration District No. 4442

File No. _____
Registered No. 17
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. 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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 9-12 1933 R. D. Willeford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Obstructed bowel Date of onset _____

Probably Intermittent

Other contributory causes of importance: 122 13

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) Marvin Harris, M. D.
(Address) Hardin, Mo.

SUPPLEMENTARY

N. B. P. - Information should be carefully supplied. AGE should be in plain terms, so that it may be properly classified. E. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 STATE PHYSICIAN OF OCCUPATION IS _____

S-23799