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

Do not use this space.

20369

File No.

Registered No. 14

1. PLACE OF DEATH
County Ray Co. Registration District No. 743
Township Fishing River Primary Registration District No. 6237
City (No. St. Ward)

2. FULL NAME Sarah E Clevenger

(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.

JUL 25 1930

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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| female | White | Widow |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-5-1863

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 66 | 8 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER James Bogart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Caroline Unger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay Co Mo
(STATE OR COUNTRY)

14. INFORMANT John Clevenger
(Address) Orrick Mo

15. Filed Jul 1 30 L. E. Ellis
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-2- 1930

17. I HEREBY CERTIFY, That I attended deceased from Febr 11, 1930, to June 1, 1930
that I last saw h.a.s.... alive on June 1, 1930 and that
death occurred, on the date stated above, at 7 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

92A
Chronic Myocarditis 93C

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Stenosis

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. R. Williams, M. D.
, 19 (Address) Orrick, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Church Cem
DATE OF BURIAL 6-3 1930

20. UNDERTAKER C. W. Gibson
ADDRESS Orrick Mo