

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

Do not use this space.

29176

1. PLACE OF DEATH

County Jay
Township John
City Lawson

Registration District No. 742
Primary Registration District No. 5977a

File No. 2
Registered No. 18
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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
29 11 14

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 13
(b) General nature of industry, business, or establishment in which employed (or employer) 3
(c) Name of employer _____

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

10. NAME OF FATHER James Clevenger

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

12. MAIDEN NAME OF MOTHER Jennie Harris

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

14. INFORMANT (Address) Phoebe Clevenger, Lawson Mo.

15. FILED Aug 31, 1931 Edwin Shouse
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1931, to Aug 14, 1931, that I last saw him alive on Aug 14, 1931, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright disease of kidneys
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Malaria fever
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Place of Death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) W. G. Estlin, M. D.
, 19 (Address) Lawson 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 Lawson DATE OF BURIAL Aug 15, 1931

20. UNDERTAKER J. M. Ward ADDRESS Lawson Mo.

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. SEP 25 1931

