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

Do not use this space.

13628

1. PLACE OF DEATH

89

County *Ray* Registration District No. *7 43* File No. _____

Township *Orrick* Primary Registration District No. *5 978* Registered No. *6*

City *Ins Orrick* (No. _____ St. _____ Ward.)

2. FULL NAME *William Jessie 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5/1/1870*

7. AGE YEARS *61* MONTHS *11* DAYS *5* 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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME *Jessie Clevenger*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MOTHER

15. MAIDEN NAME *Pheoba Goode*

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

17. INFORMANT (ADDRESS) *Edwin Clevenger Richmond Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union Cent* DATE *4/8* 19*32*

19. UNDERTAKER (ADDRESS) *CV Gibson Orrick Mo*

20. FILED *Apr. 10, 1932* *L E Ellis* Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/6* , 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *April 1st*, 19*32*, to *April 6*, 19*32*

I last saw h__ alive on *4-6-*, 1932, Death is said to have occurred on the date stated above, at *5 P.* m.

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

Carcinoma Rectum with complication of peritoneum —

4 6 11

Other contributory causes of importance

4 6 6 ① *4 6 11*

Name of operation _____ 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? If so, specify _____

(Signed) *Root Sheetz* , M. D.

(Address) *Orrick Mo —*