

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

Do not use this space.

7696

**1. PLACE OF DEATH**

County Way Registration District No. 744  
 Township \_\_\_\_\_ Primary Registration District No. 3033  
 City Richmond (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 16

**2. FULL NAME**

Charlett Clevesmeyer

(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: Female  
 4. COLOR OR RACE: white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: 2

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 - 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>0</u>	<u>13</u>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work: None  
 (b) General nature of industry, business, or establishment in which employed (or employer): \_\_\_\_\_  
 (c) Name of employer: \_\_\_\_\_

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

10. NAME OF FATHER Cleveland Clevesmeyer

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

12. MAIDEN NAME OF MOTHER Hazel Davis

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

14. INFORMANT Cleveland Clevesmeyer  
 (Address) Richmond Mo

15. FILED Feb 24 1929 John A. Lewis  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1929, to Feb 24, 1929, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and first death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Haemorrhage of lungs  
114 B  
104 B (duration) hour or less

CONTRIBUTORY Congest  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) N. C. Bomb M. D.  
Feb. 24, 1929 (Address) Richmond 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, CRÉMATION, OR REMOVAL Higbee Mo  
 DATE OF BURIAL Feb 24 19 29

20. UNDERTAKER E. Thomas  
 ADDRESS Richmond Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

