

Manion Co  
PLACE OF DEATH

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

County Ralls Co.

Township Hannibal  
or Hannibal  
Village Hannibal  
or Hannibal  
City Near Hydesburg (NO Learning Hospital St. 6 Ward)

Registration District No. 547

File No. 23501

Primary Registration District No. 3029

Registered No. 178

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Chas. Fred Kleaver

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH <sup>D</sup>

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF DEATH July 8, 1913  
(Month) (Day) (Year)

DATE OF BIRTH Jan. 1, 1885  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased, from July 5, 1913, to July 8, 1913, that I last saw him live on July 19, 1913,

AGE 28 yrs. 6 mos. 7 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

and that death occurred, on the date stated above, at 8:15 a.m.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 1215

The CAUSE OF DEATH\* was as follows:  
Obstruction of the bowel result of Bands of Adhesion following Appendicitis  
(Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.

BIRTHPLACE (City or town, State or foreign country) Hannibal MO

Contributory (SECONDARY) NO  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Chas. A. Kleaver

(Signed) Richard Schmitt M. D.  
87-9, 1913 (Address) Hannibal, Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Chicago Ill.

MAIDEN NAME OF MOTHER Lena E. Garnett

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Shelby Co. Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?

(Informant) Anna Kleaver

Former or usual residence.

(ADDRESS) Hydesburg

PLACE OF BURIAL OR REMOVAL Hydesburg Cem. DATE OF BURIAL July 11, 1913

Aug 11, 1913 W. M. Smith

UNERTAKER W. M. Smith ADDRESS Hannibal, Mo.

REGISTRAR

# United States Standard Certificate of Death

American Public Health

County

Give statement of occupation and relative health-  
status. The question is asked  
respective of age.  
Term on the first

will be sufficient, e. g., *Farmer or Planter, Physician,positor, Architect, Locomotive engineer, Civil engineer, onary fireman*, etc. But in many cases especially in  
various employments, it is necessary to know (a) the  
nature of work and also (b) the nature of the business or  
industry, and therefore an additional line is provided for  
further statement; it should be used only when needed.  
Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman,  
Grocery; (a) Foreman, (b) Automobile factory. The  
occupation worked on may form part of the second state-  
ment. Never return "Laborer," "Foreman," "Manager,"  
"Dealer," etc., without more precise specification, as Day  
laborer, Farm laborer, Laborer—Coal mine, etc. Women  
at home, who are engaged in the duties of the household  
only (not paid *Housekeepers* who receive a definite salary),  
may be entered as *Housewife, Housework, or At home*, and  
children, not gainfully employed, as *At school or At home*.  
Care should be taken to report specifically the occupations  
of persons engaged in domestic service for wages, as *Servant,  
Cook, Housemaid*, etc. If the occupation has been  
changed or given up on account of the DISEASE CAUSING  
DEATH, state occupation at beginning of illness. If re-  
tired from business, that fact may be indicated thus:  
*Farmer (retired, 8 yrs.)* For persons who have no occu-  
pation whatever, write *None*.*

**Statement of cause of death.**—Name, first, the  
DISEASE CAUSING DEATH (the primary affection with re-  
spect to time and causation), using always the same  
accepted term for the same disease. Examples: *Cere-  
brospinal fever* (the only definite synonym is "Epidemic  
cerebrospinal meningitis"); *Diphtheria* (avoid use of  
"Croup"); *Typhoid fever* (never report "Typhoid pneu-  
monia"); *Lobar pneumonia; Bronchopneumonia* ("Pneu-  
monia," unqualified, is indefinite); *Tuberculosis of lungs,  
meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc. of*  
..... (name organ; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, for as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)