

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

Do not use this space.  
**11620**

**1. PLACE OF DEATH**

County Jackson  
Township Stev  
City K. C. Mo. (No. 2431 Chestnut)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 1406  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Willie Herbert Cleveland

(a) Residence No. 2431 Chestnut 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8 - 1873

| 7. AGE | YEARS     | MONTHS    | DAYS      | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|-----------|-----------|--|
|        | <u>53</u> | <u>11</u> | <u>25</u> |  |

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John E. Cleveland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Maris Flatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Michigan

14. INFORMANT Lillie M. Cleveland  
(Address) 2431 Chestnut St.

15. FILED 4/4 27 1927 M. D. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April - 2 1927

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1927, to April 3, 1927, that I last saw him alive on April 3, 1927, and that death occurred, on the date stated above, at 8:20 AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
82 hr. cerebral hemorrhage

74 yr. (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hardening of Arteries  
and thrombosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH... Home

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Smear  
(Signed) W. W. Petcher, M. D.  
4/3, 1927 (Address) 508 Chestnut

\*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 Mt. Wash. DATE OF BURIAL 4/6 1927

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K. C. 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.

5845  
Hillsdale Co 10  
508 Chambers #. 886 d  
5845 Charlotte