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.

JAN 5 1928

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

Do not use this space.

33834

File No.
Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 108
Township: Marion — Primary Registration District No.: 3562
City: ~~Carthage~~ R #4 (No. ..... St. ..... Ward)

2. FULL NAME: Mary Ann Cleveland

(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: 5 yrs. mos. ds. How long in U.S., if of foreign birth? 38 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. ~~If Married, Widowed, or Divorced~~ ~~Husband of~~ (or) ~~Wife of~~: Francis Cleveland

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 24-1842

7. AGE: Years 85 | Months 6 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Sherburn Yorkshire England

PARENTS
10. NAME OF FATHER: Robert Brown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ryther Eng.
12. MAIDEN NAME OF MOTHER: Marshall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ryther England

14. INFORMANT: Bethel Cleveland
(Address): Carthage R 4

15. FILED: Nov. 15, 1927. J. B. Clinton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from ~~Dec. 15th~~ Feb. 12, 1927, to Nov. 14, 1927, that I last saw h. alive on Nov. 14, 1927, and that death occurred, on the date stated above, at 11:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
S.B.
97
162 / 14 / 61 (duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Age and hardening of arteries (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E D Hatcher, M. D
, 19 (Address) Carthage 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: White Hall. Ill. — DATE OF BURIAL: 11-15 1927

20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage