

1928

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

Do not use this space.

158

1. PLACE OF DEATH
 County Bollinger Registration District No. 66 File No. _____
 Township Liberty Primary Registration District No. 510 of Registered No. 3
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Levi Cledge
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 23 yrs. mos. _____ da. How long in U.S., if of foreign birth? yrs. mos. _____ da.

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 OF (OR) WIFE OF Fun Easter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
23 | 7 | 13

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo

10. NAME OF FATHER Robt Cledge

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

12. MAIDEN NAME OF MOTHER Joseph Ladd

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 3 1928 to Jan 19 1928 that I last saw him alive on Jan 18 1928 and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
124

(duration) yrs. mos. 20 da.

CONTRIBUTORY (SECONDARY) Peritonitis (duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C. A. Sanders M. D.
Jan 20, 1928 (Address) Marble Hill, 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 DATE OF BURIAL
Manster Cemetery Jan 20 1928

20. UNDERTAKER ADDRESS
A. J. Barker Luttwille, 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.

14. INFORMANT (Address) Chas Cledge
Luttwille Mo

15. FILED 1/20 1928 C. A. Sanders REGISTRAR

