

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

Do not use this space.

15147

14880

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 4071  
St. .... Ward

**2. FULL NAME**

(a) Residence. No. 3503 Morgan St. 21 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 9th 1870*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*58* | | *4*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Lithographer*  
(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) *Canada*

10. NAME OF FATHER *Geo. W. Cleak*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *England*

12. MAIDEN NAME OF MOTHER *Margaret Biddle*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *England*

14. INFORMANT *Missie Burton*  
(Address) *Toronto, Canada*

15. FILED *1928* REGISTRAR *May C. Stanley*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 13 1928*

I HEREBY CERTIFY, That I attended deceased from *Apr 3 - 1928* to *Apr 13 1928*  
that I last saw him alive on *Apr 12 - 1928*, and that death occurred, on the date stated above, at *6.45 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*11A Bronchopneumonia - 107R*  
*11W* (duration) yrs. mos. *10* ds.

CONTRIBUTORY (SECONDARY) *Zagayev* (duration) yrs. mos. *4* ds.

18. WHERE WAS DISEASE CONTRACTED  
*8* IF NOT AT PLACE OF DEATH: *3503 Morgan St*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *✓*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Clinical Tests*

(Signed) *C. Basil Poor*, M. D.  
, 19 (Address) *1730 Franklin Ave.*

\*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 *Toronto Canada* DATE OF BURIAL *April 18 1928*

20. UNDERTAKER *Philander Craig* ADDRESS *4468 Washington*

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.

1937

March 2-11