

**MISSOURI STATEBOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21591

**1. PLACE OF DEATH**

County Ray  
Township Highland  
City Highland (No. ....)

Registration District No. 742  
Primary Registration District No. 5-9-27a

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Elias Madison Cleverger

(a) Residence. No. .... St. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male | white | married

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

Mary Cleverger

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

Mar 20 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

72 | 2 | 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(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)

Ray Co Mo

PARENTS

10. NAME OF FATHER Samuel Cleverger

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

12. MAIDEN NAME OF MOTHER Humbard

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

14. INFORMANT Willie H Cleverger  
(Address) Wibbard, Mo

15. FILED 6-20-28 Edwin Shouse  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1928

17. I HEREBY CERTIFY That I attended deceased from 1-5-28 to 6-9-28 that I last saw him alive on 5-29-28 and that death occurred, on the date stated above, at 12:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Hepatitis

9-28 (duration) 1 yrs. .... mos. .... da.

CONTRIBUTORY Heart Disease (SECONDARY) (duration) 2 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Microscopy  
(Signed) Harry Cook M. D.

(Address) Richmond 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 Union Cemetery DATE OF BURIAL 6-10-28

20. UNDERTAKER H.T. Hope ADDRESS Excelsior Springs, 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.

