FEB 21 1929

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

Do not use this space.

433

1. PLACE OF DEATH Caldwell
County ..... Registration District No. 94 ..... File No. .....
Township ..... Primary Registration District No. 4056 ..... Registered No. 1
City Breckenridge (No. ..... St. ..... Ward)

2. FULL NAME Frank Montgomery Cleaveland
(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 3 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna Fink Cleaveland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 5th 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	1	5	

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

9. BIRTHPLACE (CITY OR TOWN) Elmira
(STATE OR COUNTRY) Pa.

PARENTS
10. NAME OF FATHER Quartus E. Cleaveland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Do not Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not Know
(STATE OR COUNTRY)

14. INFORMANT A B Cleaveland
(Address) Breckenridge MO

15. FILED 1-11, 1929 E A Thompson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1929, to Jan. 10, 1929 that I last saw him alive on Jan. 10, 1929, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza 11B
(duration) ..... yrs. ..... mos. 10 ds.

~~CONTRIBUTORY~~ (SECONDARY) 11B
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Signs & Symptoms
(Signed) A. R. Wilsey, M.D.
Jan. 11, 1929 (Address) Breckenridge 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 Rose Hill Cemetery
DATE OF BURIAL Jan 11th 1929

20. UNDERTAKER F. M. McPeek Breckenridge MO.
ADDRESS

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.

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