

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

Do not use this space.

23235

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
Township Johnson Primary Registration District No. 3020  
City Carthage (No. ....)

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

**2. FULL NAME**

(a) Residence. No. 1042 S. Ormerod Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. 4 mos. 1 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) Mar 12/29  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
1 4 1

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. ....  
(b) General nature of industry, business, or establishment in which employed (or employer). ....  
(c) Name of employer. ....

9. BIRTHPLACE (CITY OR TOWN) Carthage  
(STATE OR COUNTRY) Missouri

**PARENTS**  
10. NAME OF FATHER George M. Clevenger  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Vernon  
(STATE OR COUNTRY) Mo.  
12. MAIDEN NAME OF MOTHER Sophia Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt. Vernon  
(STATE OR COUNTRY) Mo.

14. INFORMANT George M. Clevenger  
(Address) Carthage, Mo.

15. FILED 7-14, 1930 Ed Hetcham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 13, 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1930 to July 13, 1930  
that I last saw him alive on July 12, 1930 and that death occurred, on the date stated above, at 1 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral toxemia  
intestinal toxemia  
Cretinism (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) 8 1/2  
6031 (duration) 1 yrs. 4 mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 6031  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF .....  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS PA. Arista M. D.  
(Signed) July 19 30 (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 Sarcopic Cemetery DATE OF BURIAL July 14, 1930

20. UNDERTAKER Kneel Mortuary ADDRESS Carthage, Mo.

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. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5618

