

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

Do not use this space.

29147

1. PLACE OF DEATH

County Randolph Registration District No. 0732
 Township Moniteau Primary Registration District No. 5966
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Clavel Kimbrough Llesly St. _____ Ward _____
 (a) Residence, No. _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maudie Llesly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22 1900</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Truck Driver</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pipe Line</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Highbe Mo</u>		
FATHER	13. NAME <u>William A. Llesly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Highbe Mo</u>	
MOTHER	15. MAIDEN NAME <u>Aunie Ward</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Mrs Clavel Llesly</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highbe City Cemetery</u> DATE <u>July 26 1931</u>		
19. UNDERTAKER (ADDRESS) <u>J. C. Menden</u>		
20. FILED <u>Aug 26 1931</u> <u>C. F. Bumchatter</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____
 I last saw him _____ alive on _____ Death is said to have occurred on the date stated above, at _____ a.m.
 The principal cause of death and related causes of importance were as follows:
Gun shot thru heart - Date of onset _____
shot gun
167

Other contributory causes of importance:
167

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 8/24 1931
 Where did injury occur? Jim. N.W. J. Highbe
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place
Public road (in front car)
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. H. Dixon Connor, M. D.
 (Address) Highbe 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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 25 1931

