

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.

MAY 28 1932

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

Do not use this space.

13628

1. PLACE OF DEATH

89 County Ray Registration District No. 743 File No. \_\_\_\_\_  
Township Orwich Primary Registration District No. 5978 Registered No. 6  
City Ray (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

William Jessie Cleverger  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/1/1870</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>11</u>
	DAYS <u>5</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>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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>Ray Co Mo</u>		
FATHER	13. NAME <u>Jessie Cleverger</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Phebe Goode</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Ray Co Mo</u>	
17. INFORMANT <u>Edwin Cleverger</u> (ADDRESS) <u>Richmond Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Comb</u> DATE <u>4/8</u> 19 <u>32</u>		
19. UNDERTAKER <u>W. Gibson</u> (ADDRESS) <u>Orwich Mo</u>		
20. FILED <u>Apr 10</u> 19 <u>32</u> <u>L. E. Ellis</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

2  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1<sup>st</sup> 1932, to April 6 1932  
I last saw him alive on 4-6-32 1932 Death is said to have occurred on the date stated above, at 5 P.M.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma Rectum with complications of peritonitis  
Date of onset 4/6/32

Other contributory causes of importance:  
4/6/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ✓ Date of injury ✓ 1932  
Where did injury occur? ✓ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. Gibson, M. D.  
(Address) Orwich Mo

