

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.

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

Do not use this space.

19360-C

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1. PLACE OF DEATH

46 County Hawell Registration District No. 384
3 Township West Plains Mo Primary Registration District No. 4727
4 City West Plains Mo (No. _____) St. _____ Ward _____

File No. 57
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Benny Lee Clouger

(a) Residence. No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/28-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 11 28

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hawell Co., Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Louis Clouger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hawell Co., Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rizgit Phurib...

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hawell Co., Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs. Clouger
(Address) West Plains Mo

15. FILED 7-10-1937 O.P.A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/26-1937

17. I HEREBY CERTIFY, That I attended deceased from 6-24, 1937, to 6-26, 1937 that I last saw him alive on June 26, 1937, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum
119 1/4
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 11/6
(duration) yrs. mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Caupied, Mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) C. D. Sum, M. D.

(Address) West Plains, 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 Homeland DATE OF BURIAL 6/27-1937

20. UNDERTAKER McFarland's ADDRESS West Plains Mo

