

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

Do not use this space.

27000

1. PLACE OF DEATH  
 County Chickas Registration District No. 677  
 Township Roller Primary Registration District No. 4403  
 City Roller (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME Clyde Cover  
Shreeley, Mo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (a) Residence, No. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (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.

**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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>XXXXXX</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unavailable</u>		
7. AGE	YEARS	MONTHS
<u>18</u>		<u>X</u>
		DAYS
		<u>X</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) <u>Dent Co</u> (STATE OR COUNTRY) <u>Mo</u>		
FATHER	13. NAME <u>Frank Cover</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>XXXX</u> (STATE OR COUNTRY) <u>XXXX</u>	
MOTHER	15. MAIDEN NAME <u>unavailable</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>XXX</u> (STATE OR COUNTRY) <u>XXX</u>	
17. INFORMANT <u>Chester Day</u> (ADDRESS) <u>Salem Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Groesley Cem</u> DATE <u>Aug 6 1932</u>		
19. UNDERTAKER <u>Carl K Spencer</u> (ADDRESS) <u>Salem Mo</u>		
20. FILED <u>Aug 6 1932</u> <u>Jos. J. Ayers</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 4 1932

22. I HEREBY CERTIFY, That attended deceased from Aug 2 1932 to Aug 4 1932  
 I last saw him alive on Aug 3 1932. Death is said to have occurred on the date stated above, at 1:40 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Appendicitis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
(D)

Name of operation Appendectomy Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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 Appendicitis  
 (Signed) Wm. J. Ayers M. D.  
 (Address) Roller, 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.

Aug 25 1932

V. S. 1932



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