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

Do not use this space.

26938

58

1. PLACE OF DEATH County: Linn; Township: Brookfield; City: ..... (No. ....., ..., St. ....., Ward)

Registration District No. 496
Primary Registration District No. 3025

File No. .....
Registered No. 64

2. FULL NAME Harriett Franklin Cleveland

(a) Residence, No. Brookfield, R.F.D. St., ..., Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/9/1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	4	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Cooper county Missouri

FATHER
13. NAME Wm. Franklin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co., Mo.

MOTHER
15. MAIDEN NAME Harriett Morton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co., Mo.

17. INFORMANT Dr. C.W. Cleveland
(ADDRESS) Brookfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE 9/3/33, 19..

19. UNDERTAKER C.W.Hill
(ADDRESS) Brookfield, Mo.

20. FILED 9-2, 1933 C. E. Jenkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/23, 1933, to 8/31, 1933
I last saw her alive on 8/30, 1933. Death is said to have occurred on the date stated above, at 12:20 m. am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/23/31
Other contributory causes of importance:	
Hypertension & Arteriosclerosis	3 yrs.

Name of operation 0 Date of 0
What test confirmed diagnosis Sight & Feel Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify ✓

(Signed) Jno. T. McTavey, M. D.
(Address) Brookfield, Mo