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.

JAN 26 1934

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

Do not use this space.

39209

85

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 1233
City St Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Arlie Clevenger,
(a) Residence, No. 1222 North 10th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James C. Clevenger,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8th. 1881.
7. AGE: YEARS 52 — MONTHS 5 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) December 1933
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County, Missouri,

FATHER
13. NAME Ganium Findley,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

MOTHER
15. MAIDEN NAME Sarah Groom,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

17. INFORMANT (ADDRESS) James C. Clevenger 1222 North 10th. St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Vault DATE Dec. 13, 1933
19. UNDERTAKER (ADDRESS) Heaton-Belgale & Bowman 319 S. 10th. St. Funeral Home
20. FILED 12-13 1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-5- 1933, to 12-12 1933
I last saw her alive on 12-12 1933. Death is said to have occurred on the date stated above, at 11 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar.	12-10-33
121A	
121B	
121C	
108	

Other contributory causes of importance:

Pentonitis, Genera	12-2-33
Appendicitis - Perforating	12-1-33

Name of operation Appendectomy Date of 12-3-33
What test confirmed diagnosis? Clinical Was 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, 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) Paul Gorgratz, M. D.
(Address) St Joseph, Mo

[illegible]