

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County, *Buchanan*Registration District No. *85*Township, *Washington*Primary Registration District No. *3502*City, *St. Joseph*(No. *Prince Hoop*)File No. *32043**1039*Registered No. *1039*St. *1039*

Ward)

2. FULL NAME

(a) Residence, No. *Mayville Mo. 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.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 18 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*26**9**6*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Bookkeeping

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)

Mayville Mo.

FATHER

13. NAME

James W. Cleaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Richmond Missouri

MOTHER

15. MAIDEN NAME

Mary Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Richmond Missouri

17. INFORMANT (ADDRESS)

J. Cleaver 1330 Rawlston - N.E. Kan.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mayville Mo.

DATE

Sept 25 1934

19. UNDERTAKER (ADDRESS)

F. G. Lutz Stewartville Mo.

20. FILED

OCT 24 1934

19

John H. Bunch

19

St. Joseph Mo.

19

*Registrar**St. Joseph Mo.**1934**St. Joseph Mo.**Registrar*

MEDICAL CERTIFICATE OF DEATH

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

Sept 24 1934

22. I HEREBY CERTIFY, That I attended deceased from

*Sept 21 1934 to Sept 24 1934*I last saw him alive on *Sept 24 1934* Death is saidto have occurred on the date stated above, at *4:45 A.M.*

The principal cause of death and related causes of importance were as follows:

*Intestinal Obstruction*Date of onset *9/21/34**caused by adhesions*

Other contributory causes of importance:

*Intestinal Adhesion*Name of operation *No. relief of adhesions* Date of *9/22*What test confirmed diagnosis? *Phys. findings* Were 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.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

(Signed) *J. P. Perceps*(Address) *St. Joseph 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.

