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 1 8 1935

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

Do not use this space.

File No. 43211

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 110 N. Bellaire St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Clifford Elmo Cleveland
(a) Residence, No. 110 N. Bellaire 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 M
4. COLOR OR RACE W
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) Sept. 9, 1919
7. AGE YEARS 15 MONTHS 3 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Ora Cleveland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Catherine Case
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Miss Zona Cleveland, 110 N. Bellaire, K.C.Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mokane, Mo. DATE Dec. 27-34
19. UNDERTAKER (ADDRESS) C.H.Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.
20. FILED 12-28 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934, to Dec 26, 1934
I last saw him alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 6:45 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Cronic)	1930
131	
630	
131	
Other contributory causes of importance: Nefritis Chronic	30

Name of operation ✓ 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
(Signed) R. L. St. Clair, M. D.
(Address) 5242 St. John

till 5 o'clock