

AUG 14 1936

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

Do not use this space.

25347

1. PLACE OF DEATH

County Adair
Township Murrah
City (No.) St. Ward

Registration District No. 2
Primary Registration District No. 5002

File No.
Registered No. 16 St. Ward

2. FULL NAME

Louisa B. Ervan Clevinger

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Female info
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF In faint

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1936, to July 22, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1936

I last saw him alive on July 22, 1936. Death is said to have occurred on the date stated above, at 3 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

Signature infant
Having no incubator
atmospheric changes
to smother for it
Date of onset

Other contributory causes of importance:
159

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nowinger Mo

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? None

13. NAME Ben Clevinger

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

15. MAIDEN NAME Addie Varrhauer

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1936

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Ben Clevinger (ADDRESS) Nowinger Mo

Manner of injury None
Nature of injury None

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nowinger Mo DATE 7/26, 1936

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify

19. UNDERTAKER (ADDRESS) Cherwellton Mo

(Signed) J. S. Gachwiler, M. D.

20. FILED 7/26, 1936 J. S. Gachwiler Registrar.

(Address) Nowinger Mo

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.

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