

REC 3 1936

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

Do not use this space.

38611

1. PLACE OF DEATH

County Pettis Registration District No. 664
Township Green Ridge Primary Registration District No. 4897
City Green Ridge (No. _____) St. _____ Ward _____

File No. _____

Registered No. 18

2. FULL NAME

Bert Clevinger(a) Residence, No. Green Ridge, Mo. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	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 <u>Mrs. Mattie Clevinger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 6th 1877</u>		
7. AGE	YEARS	MONTHS
	59	8
		Days
		23
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant	
	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) <u>unknown</u> (STATE OR COUNTRY) <u>Iowa</u>		
FATHER	13. NAME <u>Asa Clevinger</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Earl Clevinger</u> (ADDRESS) <u>Lamonte, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Ridge, Mo.</u> DATE <u>Oct. 31</u> 19 <u>36</u>		
19. UNDERTAKER <u>Duane Ewing</u> (ADDRESS) <u>Sedalia, Mo.</u>		
20. FILED <u>Oct 30</u> 19 <u>36</u> <u>Clay, Shelby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 193622. I HEREBY CERTIFY, That I attended deceased from Sept 20 1936, to Oct 29 1936
I last saw him alive on Oct 29 1936 Death is saidto have occurred on the date stated above, at 12:08 p.m.

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

Chronic interstitial nephritis Date of onset A.R.

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no23. 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) H. A. Hite M. D.(Address) Green Ridge, 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.

Bert Clevenger

For H.E. White

G.R. Shelley
Registrar for Green Ridge