

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.

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

Do not use this space.

DEC 18 1936

40254

1. PLACE OF DEATH

County Andrew
Township
City Savannah (No. _____)

Registration District No. 13
Primary Registration District No. 4010

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Marilla Corline Cleveger

(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

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Marengo Mo

13. NAME William Sullivan

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

15. MAIDEN NAME Marilla Dean

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

17. INFORMANT (ADDRESS) Mrs. Will Miller Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 11-22 1936

19. UNDERTAKER (ADDRESS) E. B. Breit Savannah Mo

20. FILED 11-21 1936 Wm A R King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1935 to Nov 20 1936

I last saw him alive on Nov 20 1936 Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Mitral Stenosis
Arteriosclerosis

Date of onset 25 yr

Other contributory causes of importance:
Heart Block
Cardiac Asthma

Aug 1 - 1936
Nov 20 - 36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Clifford J. Steidley M: D O
(Address) Savannah, Mo.

