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.

DEC 18 1936

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

Do not use this space.

40563

File No. 36

Registered No.

1. PLACE OF DEATH

County: Camden

Township: Osage

City: (No. , St. Ward)

Registration District No. 117

Primary Registration District No. 5467

2. FULL NAME: Bird Cleveland

(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: M

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~~: Jane Johnson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 11-1878

7. AGE: Years 57 Months 11 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Indiana

FATHER

13. NAME: Wm Cleveland

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

MOTHER

15. MAIDEN NAME: Ella Wilburs

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

17. INFORMANT: Mrs Bird Cleveland
(ADDRESS) Sunrise Beach, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rock Dale DATE: Nov. 8, 1936

19. UNDERTAKER: W. F. Kidwell
(ADDRESS) Versailles, Mo.

20. FILED: Dec 10, 1936 Lizzie Kellar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1936 to Nov 7-, 1936

I last saw him alive on Nov 5-, 1936 Death is said to have occurred on the date stated above, at 8 P. m.

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

	Date of onset
Septicemia (infection from scratch on back of her hand)	9-20-36
Other contributory causes of importance: Diabetes Mellitus	5 yrs ago

Name of operation: None Date of

What test confirmed diagnosis? Clinical observation 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) [illegible], M. D.

(Address) Versailles Mo