APR 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County SCOTT — Registration District No. 1141 — File No. 13787
Township — Primary Registration District No. — Registered No.
City ~~ANCIL MO~~ (No. ANCIL MO. St. Ward)

2. FULL NAME JOHN CLEAVELAND.
(a) Residence, No. ANCIL MO. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE.
4. COLOR OR RACE: WHITE.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: LUCY UTTLY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB, 15, 1865.
7. AGE: YEARS 72. MONTHS 0. 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.: RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: CAFAE OWNER
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): IND.

FATHER
13. NAME: CHARLES C CLEAVELAND.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IND.

MOTHER
15. MAIDEN NAME: AMERICA SMITH.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IND.

17. INFORMANT (ADDRESS): MRS MINNIE ROBINS. ANCIL MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE FAIRMONT CEMT. DATE MARCH, 12, 1937
19. UNDERTAKER (ADDRESS): HAMAN'S FUNERAL HOME. CAPE GIRARDEAU MO.
20. FILED 3/15 1937 B. H. Coy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH, 11, 1937
22. I HEREBY CERTIFY, That I attended deceased from 2/26/37, 19..., to 5/11/37, 19...
I last saw him alive on 3/11/37, 19... Death is said to have occurred on the date stated above, at 11:..m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
R3A	

Other contributory causes of importance:
Senility
Hypertention

Name of operation: None — 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: None
Nature of injury: ✓

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) P. E. Lee, M. D.
(Address) [illegible]

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.

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