

APR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon

Registration District No. 875

File No. 13942

Township 9
City Nevada

Primary Registration District No. 3039

Registered No. 88
St. _____ Ward _____

2. FULL NAME

Harvey Richard Clukenbeard

(a) Residence, No. 4035 Lynn St., 3 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alta Clukenbeard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1870

7. AGE YEARS 66 MONTHS 4 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as electrician, sawyer, bookkeeper, etc. Mail Road Switchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Buffalo Missouri

13. NAME William Clukenbeard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Sarah Jane Boskoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Alta Clukenbeard Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Nevada Cem. March 16, 1937

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo

20. FILED 3/17 1937 M. C. Gribbes

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1937

22. I HEREBY CERTIFY That I attended deceased from March 15, 1937 to March 15, 1937

I last saw him alive on March 15, 1937 Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Coronary Thrombosis Date of onset 3-15-37
1:15 PM

Other contributory causes of importance: Ch. Myocardium

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) M. C. Gribbes M. D.
(Address) Nevada 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.

