AUG 27 1937

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

Do not use this space.

File No. 28002
Registered No. 87

1. PLACE OF DEATH
County Pemiscot Registration District No. 661
Township Little Prairie Primary Registration District No. 4388
City Caruthersville (No. ..... St. ..... Ward)

2. FULL NAME Arthur Miles Van Cleve

(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: 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: Grace Van Cleve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2, 1871

7. AGE: Years 65 | Months 8 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Architect
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): July 1937
11. Total time (years) spent in this occupation: life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clarkton, Missouri

FATHER
13. NAME: Henry Van Cleve
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paducah, Kentucky

MOTHER
15. MAIDEN NAME: Martha Waldrip
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. A. M. Van Cleve, Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caruthersville DATE August 1, 1937

19. UNDERTAKER (ADDRESS): L. Jorge Funeral Co. Caruthersville, Mo.

20. FILED Aug. 5, 1937 Eda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 31, 1937 1:00 P.M.

22. I HEREBY CERTIFY That I attended deceased from July 27, 1937 to July 31, 1937
That I last saw him alive on July 31, 1937 Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis acute	
Cause unknown	
120	

Other contributory causes of importance:
undetermined

Name of operation: none Date of .....
What test confirmed diagnosis? Clinical 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) J. W. Phipps M. D.
(Address) Caruthersville, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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