

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

10696
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton

(b) Township

(c) City Cameron

Registration District No. 204

Primary Registration District No. 3013

Registered No. 15

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

ysr. mos. ds. (f) How long in U. S., if of foreign birth? ysr. mos. ds.

2. PRINT FULL NAME

Harvey Haywood Cleveland

(a) Residence, No. West Third. St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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

CORA J. CLEVELAND

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug. 15, 1857.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

82

7

3

OCCUPATION

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

Retired farmer

9. Industry or business in which work was done, as 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)

Sweetwater
Tenn.

FATHER

13. NAME

Larkin Cleveland.

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

Sweetwater
Tenn.

MOTHER

15. MAIDEN NAME

Minerva Parker

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

Tenn.

17. INFORMANT
(ADDRESS)

Haywood Cleveland
Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oakburn Cem.

DATE

3-19-40

19. FUNERAL DIRECTOR
(ADDRESS)

Poland Funeral Home
Cameron

20. FILED

Mich 19th 1940
N. L. Riley
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18, 1940. 19

22. HEREBY CERTIFY, That I attended deceased from

Mar 2 1940, to Mar 18 1940

I last saw him alive on March 17, 1940. Death is said

to have occurred on the date stated above, at 1:30 A. m.

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

Acute Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

No

Date of injury

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. D. Riley, M. D.

(Address) Cameron, Mo.

RECEIVED
District Health Officer No. 11,
District File Number 440-521
Date Filed APR 12 1948

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Jimmy Huckshon
Licensed Embalmer No. 4092

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)