

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

Do not use this space.

29257

1. PLACE OF DEATH

County Oregon Registration District No. 636
 Township Piney Primary Registration District No. 5844
 City (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 45 Mary Cloven Ward _____
 (Usual place of abode) Alton (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 He 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 Chris Cloven
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 23 Jan 1884
 7. AGE YEARS 56 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) not given (STATE OR COUNTRY) Mos

MOTHER 13. NAME Mary Johnson 14. BIRTHPLACE (CITY OR TOWN) not given (STATE OR COUNTRY) 9

15. MAIDEN NAME Mary Johnson 16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY) 1

17. INFORMANT Francis (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Spring DATE 7/1 1940

19. UNDERTAKER Elsa D. Simpson (ADDRESS) _____

20. FILED 7/12 1940 Enoch Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1940

22. I HEREBY CERTIFY, That I attended deceased from June 25 1940, to June 30 1940

I last saw him alive on June 24 1940. Death is said to have occurred on the date stated above, at 2 P.m.

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

Bronchial Pneumonia

Date of onset _____

Other contributory causes of importance: 107W

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. Cooper M. D.

(Address) Alton

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.

RECEIVED

District Health Officer No. 5,

District File Number... 840873

Date Filed _____