

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

Do not use this space.

9547

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Warrensburg Primary Registration District No. 3023
 City Warrensburg (No.) St. Ward)

File No.
 Registered No.

2. FULL NAME Bolden S Clevinger

(a) Residence. No. 601 Broad St 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 30, 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Celvinger

17. I HEREBY CERTIFY That I attended deceased from Mar 27, 1928, to Mar 30, 1928.
 That I last saw him alive on Mar 27, 1928, and that death occurred, on the date stated above, at 3:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24, 1858

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 6

Trencher pneumonia

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

10/17/1928 (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Richard Clevinger

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) [Signature] M. D.
 (Address) Warrensburg MO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Clemency Scott,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Homer Clevinger
 (Address) Warrensburg, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cem, Ray Co, Mo DATE OF BURIAL 3/31 1928

15. FILED 3/31, 1928 Wm Watterson REGISTRAR

20. UNDERTAKER [Signature] ADDRESS Warrensburg

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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