

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

Do not use this space.

29667

21828

**1. PLACE OF DEATH**

County Boston  
Township Phillips  
City Phillips (No. ....)

Registration District No. 45  
Primary Registration District No. 50.67

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Chas. Bronckson E. Cliff

(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 27 yrs. 4 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 Mollie Cliff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1875-06-04

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min. 53 3 13

**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 .....

9. BIRTHPLACE (CITY OR TOWN) Phillips  
(STATE OR COUNTRY) Boston Mo

10. NAME OF FATHER William W. Cliff

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

12. MAIDEN NAME OF MOTHER Missouri

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phillips  
(STATE OR COUNTRY) Boston Mo

14. INFORMANT J. E. Cliff  
(Address) 1022 1/2 W. Main

15. FILED 9-8, 1928 Harry B. Wilcox  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-4 19 28

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1928 to Sept 1, 1928  
that I last saw him alive on Sept 1, 1928, and that death occurred, on the date stated above, at ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cirrhosis of the liver and  
hypertension with  
dropsy (stuffed mercury tubes)  
(duration) 1 yrs. 1 mos. da.

CONTRIBUTORY (SECONDARY) 1022 1/2 W. Main  
(duration) 1 yrs. 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED at Place of Death  
IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Theodore Allen Brown, M.D.

7-6, 19 28 (Address) Greenfield Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Round Prairie DATE OF BURIAL 9-4 19 28

20. UNDERTAKER G. B. Berryman ADDRESS Sheldon Mo

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.

1928-9-4  
18950 604  

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173 000