

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

Do not use this space.

**1. PLACE OF DEATH**

19 County Ray Registration District No. 158  
 Township Raymore Primary Registration District No. 4092  
 City Raymore (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 13466  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

David M. Cleander  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Naumie Cleander

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 2 16

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Ret. Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) W. Morgan Co. Penn.  
 (STATE OR COUNTRY)

10. NAME OF FATHER David Cleander

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

12. MAIDEN NAME OF MOTHER Nancy Barr

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

14. INFORMANT Mrs. Cyrus Perry  
 (Address) Raymore Mo

15. FILED 7.27.1931 W.F. Chaffin  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1921, to April 23, 1931, that I last saw him alive on April 22, 1931, and that death occurred, on the date stated above, at 4 a.m.

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

myocarditis  
930  
 (duration) Don't know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9310  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) H. M. Miller M. D.

4-23, 1931 (Address) Belton Mo

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Raymore DATE OF BURIAL \_\_\_\_\_  
 19 \_\_\_\_\_

20. UNDERTAKER E. H. Gony & Sons ADDRESS Belton

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.

MAY 2 1 1931

RECORD THIS IS A PERMANENT RECORD

State 5  
Jansz

RECEIVED  
MAY 10 1964

1964 10A  
10A

1964 10A  
10A

1964 10A  
10A

1964 10A

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Cass Registration District No. 1158 File No. ....  
 Township Raymore Primary Registration District No. 4092 Registered No. ....  
 City Raymore (No. ....) St. .... Ward) ....

2. FULL NAME David M. Clendener  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

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

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

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

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work ..... (duration) .... yrs. .... mos. .... ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 23 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., (that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
 .....  
 ..... (duration) .... yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) ..... (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)....., M. D.  
 , 19 (Address)

\*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 Wm Cyrus Frank 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Raymore DATE OF BURIAL Apr 27 1931  
 (Address) Raymore Mo ADDRESS

15. FILED Apr 23 1931 20. UNDERTAKER EK George REGISTERAR Beth...

SUPPLEMENTARY

N. B.—Every item of information should be supplied. AGE should be stated EXACT if possible. Exact statement of CAUSE OF DEATH in plain language is a requirement. If is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-13466