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.

MAR 24 1936

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

Do not use this space.

7295

File No.
Registered No. 42

1. PLACE OF DEATH
County Randolph
Registration District No. 735
Township
Primary Registration District No. 3034
City Moberly (No. 525 So Williams St. Ward)

2. FULL NAME Josephine Van Cleve
(a) Residence, No. 525 So Williams 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: Female
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 William C. Van Cleve

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10th 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
68	0	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) (STATE OR COUNTRY) Mo

FATHER
13. NAME John N Hagood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

MOTHER
15. MAIDEN NAME Mary J. Bradshaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT Wm T. Van Cleve
(ADDRESS) Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE Feb 15th 1936

19. UNDERTAKER Mohan and Son
(ADDRESS) Moberly, Mo

20. FILED 2/15 1936 Virginia Walker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13th 1936

22. I HEREBY CERTIFY that I attended deceased from Feb 9 1936, to Feb 13 1936
I last saw her alive on Feb 13 1936. Death is said to have occurred on the date stated above, at 1:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

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? No
If so, specify
(Signed) L. D. McKee, M. D.
(Address) Moberly Mo