

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 17 1937

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

Do not use this space.

1939

1. PLACE OF DEATH

County *Johnson* Registration District No. *436*
Township *Chilhowitz* Primary Registration District No. *6581*
City *Johnson* (No. *1*) St. *Johnson* Ward *1*

File No. *1*
Registered No. *1*

2. FULL NAME *Barah F. Cleland*

(a) Residence, No. *Centerview Mo. S.B.F.D.* Ward.

Length of residence in city or town where death occurred *65* 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 *F* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *William W. Cleland*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 6 - 1849*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *87 9 19*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housework*

10. Date deceased last worked at this occupation (month and year) *Jan. 1937* 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

FATHER 13. NAME *Robert King*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *Margaret Haines*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT (ADDRESS) *W. R. Cleland Centerview*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Fisgah* DATE *1/27 1937*

19. UNDERTAKER (ADDRESS) *J. H. Murray Holden Mo.*

20. FILED *Jan 28 1937 J. B. Beatty Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 25 1937*

22. I HEREBY CERTIFY That I attended deceased from *Jan 13 1937*, to *Jan 24 1937*. Last saw him alive on *Jan 13 1937*. Death is said to have occurred on the date stated above, at *6:30 p.m.*

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

Endocarditis Chronic Senility

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? *clinical* Was there an autopsy? *no*

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) *J. B. Beatty* M. D.
(Address) *Chilhowitz Mo.*

