

AUG 14 1939

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

24866

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township Kirkville Primary Registration District No. 3001 Registered No. 181
(c) City Kirkville (d) Street No. Adair Co. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

435
(a) Residence, No. James H. Cleeton St. New Boston Mo. R.R. #2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-4-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 6-10-1939 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

FATHER 13. NAME Napoleon B. Cleeton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

MOTHER 15. MAIDEN NAME Anna H. Warner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

17. INFORMANT (ADDRESS) Martha Cleeton
New Boston Mo. R.R. #218. BURIAL, CREMATION, OR REMOVAL PLACE New Boston Cem. DATE 6-26 193719. FUNERAL DIRECTOR (NAME) (ADDRESS) Dee Riley Funeral Home
Kirkville Mo20. FILED July 26, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1939, to July 25, 1939
I last saw him alive on July 25, 1939. Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

Uremic Poisoning
Chronic nephritis

Date of onset

UnknownOther contributory causes of importance: 131Cardio-Renal degeneration

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) J. H. Warner 3
Kirkville Mo.
Local Registrar.

RECEIVED

District Health Officer No. 10

District File Number 8-39-1463

Date Filed AUG 10 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.