SEP 26 1930

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

Do not use this space.

27733

1. PLACE OF DEATH
County St Francois Registration District No. 773
Township [illegible] Primary Registration District No. 4464
City Farmington (No. ..... St. ..... Ward)
File No. .....
Registered No. 126

2. FULL NAME Louis Henry Cleve

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	W	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-14-1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	4	3	

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) St Francois Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Louis H Cleve
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Louise Richter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Walter Cleve
(Address) Farmington Rt 1

15. FILED Aug 19 1930 B J Robinson REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1930

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1930, to June 15 1930, that I last saw him alive on Aug 1930, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Descending Myelitis 81A
Chronic Prostatitis 137
Uremia 135-5
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R Applebury, M. D.
Aug 18, 1930 (Address) Farmington 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 [redacted] Cemetery DATE OF BURIAL Aug 19 1930
20. UNDERTAKER Weichert Mortuary ADDRESS Farmington

R. 2.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.