

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

1. PLACE OF DEATH  
 County Jackson Registration District No. 398 File No. 31201  
 Township \_\_\_\_\_ Primary Registration District No. 3019 Registered No. 298  
 City Independence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Andrew V. Clessen  
 (a) Residence No. 903 W. VanHorn Road 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. New born in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mammie Closson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1862

7. AGE YEARS MONTHS DAYS 60 9 1 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Minister  
 (b) General nature of industry, business, or establishment in which employed (or employer) L.D.S. Church Contractor, Carpenter  
 (c) Name of employer 6 months

9. BIRTHPLACE (CITY OR TOWN) Crawford County Wisconsin  
 (STATE OR COUNTRY)

10. NAME OF FATHER Class E Closson

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

12. MAIDEN NAME OF MOTHER Martha M. Lindenberg

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

14. INFORMANT Geo. Harrison  
 (Address) \_\_\_\_\_

15. FILED 11-25-22 F.L. Cook  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1922

17. Deputy Coroner  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Accidental - fell from building - neck dislocated  
1 1/2 hrs  
1922 (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? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Inspection  
 (Signed) H.E. Mass M. D.  
3, 1922 (Address) Deputy Coroner

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound Grove Cem. DATE OF BURIAL 11-26-22

20. UMBERTAKER E.S. Carson ADDRESS Independence, Mo.

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.