

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

Do not use this space.

29601

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No.
 Township St. Joseph Primary Registration District No. 1001 Registered No. 1058
 City St. Joseph (No. 503 South 8th) St. Ward)

2. FULL NAME

Minnie Lusselle Leach
 (a) Residence. No. 503 So. 8th 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	0	0	4 1/2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER Roma Leach

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arkansas
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bertrude Morkley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

14. INFORMANT Ramona Leach
 (Address) 503 South 8th St

15. FILED Oct 17 1927 John B. Wh
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1927

17. I HEREBY CERTIFY That I attended deceased from Oct 16 1927 to Oct 16 1927 that I last saw her alive on Oct 16 1927, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature

CONTRIBUTORY (SECONDARY) 166 W
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Luella Ferguson M. D.
 (Address) St Joseph 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 City Cemetery DATE OF BURIAL Oct 17 1927

20. UNDERTAKER E. R. Biedenbader ADDRESS 602 So 10

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.

