

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

Sub
Do not use this space.

29769

1. PLACE OF DEATH

Comy. Cassell
Township _____
City Cassellton (No. _____)

Registration District No. 135
Primary Registration District No. 3010

File No. _____
Registered No. 86
St. _____ Ward _____

2. FULL NAME

Elle Nora Leed

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-3-1857

7. AGE YEARS 70 MONTHS 6 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sacramento, Cal.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Hening Coats
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Iowa
12. MAIDEN NAME OF MOTHER Elizabeth Winfrey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Kentucky

14. INFORMANT J. S. Crawford
(Address) Cassellton Mo

15. FILED 10-4-1927 Mrs. E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-3-1927

17. I HEREBY CERTIFY, That I attended deceased from age 5 yrs., 1921, to Oct 3, 1927 that I last saw h. alive on Sept 9, 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease
13710

(duration) yrs. mos. da. CONTRIBUTORY Hemorrhage of brain -
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 129B
IF NOT AT PLACE OF DEATH _____

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

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. W. Leed M. D.
10-4-1927 (Address) Cassellton, 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 Oak Hill Cemetery DATE OF BURIAL 10-5-1927

20. UNDERTAKER Willis Pinos. ADDRESS Cassellton Mo

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.

