AUG 27 192

5753-a

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

Do not use this space.

5753-a

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 66

Township W. Benton — Primary Registration District No. 5809 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Isaac Leighton

(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	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	5	27	

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) ..... (STATE OR COUNTRY) Vermont

PARENTS

10. NAME OF FATHER Lot Leighton

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

12. MAIDEN NAME OF MOTHER Isabelle Fish

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

14. INFORMANT Mary Leighton
(Address) Neosho Mo Rt 6

15. FILED 7-11, 1928 C. E. Maness
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1928, to Feb 15, 1928, that I last saw him alive on Feb 15, 19....., and that death occurred, on the date stated above, at 9:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 101A

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) R C Tomson, M. D

2-16 1928 (Address) Neosho 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~~ I.D.D.F. Cemetery — DATE OF BURIAL 2-17 1928

20. UNDERTAKER Bighams — ADDRESS Neosho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
[illegible] information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state