

MAR 21 1928

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

Do not use this space.

## 1. PLACE OF DEATH

County PolkRegistration District No. 701Township PolinaPrimary Registration District No. 4427City Polina (No.       )File No. 5953Registered No.       St.        Ward)       

## 2. FULL NAME

Robt Archie Leil(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF       

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 1<sup>st</sup> 1928

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,        hrs. or        min.52

## 8. OCCUPATION OF DECEASED

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

## 9. BIRTHPLACE (CITY OR TOWN)

Polina

(STATE OR COUNTRY)

Mo

## 10. NAME OF FATHER

Chas Leil

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Waynes Mo

## 12. MAIDEN NAME OF MOTHER

Bailey

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Polina Mo

## 14.

INFORMANT Chas Leil  
(Address) Polina Mo

## 15.

FILED July 23, 1928J. Roberts

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928

17.

I HEREBY CERTIFY, That I attended deceased from        to       , 1928, that I last saw h.        alive on July 22, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Marasmus158 / 60(duration) yrs. mos. 22 da.

## CONTRIBUTORY

(SECONDARY)

(duration) yrs. mos. da.

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH       8 DID AN OPERATION PRECEDE DEATH?        DATE OF       WAS THERE AN AUTOPSY?       

## WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. Roberts, M. D.July 23, 1928 (Address) Polina

\*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

DATE OF BURIAL

City, MoJuly 24 1928

## 20. UNDERTAKER

ADDRESS

J. S. WhitePolina 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.

