28 1928

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

Do not use this space.

10435

1. PLACE OF DEATH
County St Louis — Registration District No. 785 — File No.
Township Bonhomme — Primary Registration District No. 6631 — Registered No. 62
City Valley Park (No. 430 Marshall St. Ward)

2. FULL NAME Chas Erving Leeper
(a) Residence. No. 430 Marshall St., Ward. Martinsville Ind.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6/2-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
70	9	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Shelby Co
(STATE OR COUNTRY): Ind.

PARENTS
10. NAME OF FATHER: Valentine Leeper
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unk.
(STATE OR COUNTRY): Ind
12. MAIDEN NAME OF MOTHER: Catherine Wendt.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Shelby Co
(STATE OR COUNTRY): Ind.

14. INFORMANT: B. H. Leeper
(Address) 4465 a Delmar ave.

15. FILED 4/10, 1928 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 26 1928

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1928, to March 24, 1928 that I last saw h. in alive on March 24, 1928, and that death occurred, on the date stated above, at 2.15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
(duration) 15 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 10 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? Clinical tests
(Signed) E L Fredericks, M. D
3-26, 1928 (Address) Manchester 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: Martinsville Ind. — DATE OF BURIAL: 3/29 1928

20. UNDERTAKER: Alexander & Sons — ADDRESS: 6175 Delmar

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.