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

Do not use this space. 17723

1. PLACE OF DEATH
County Livingston — Registration District No. 588 — File No.
Township — Primary Registration District No. 3026 — Registered No. 57
City Chillicothe (No. ... St. ... Ward)

2. FULL NAME Clifford Gene Lefler
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 24 1928
7. AGE: Years | Months | Days 2 hrs. | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Chillicothe
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Chas. Owen Lefler
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Linn County
12. MAIDEN NAME OF MOTHER: Helen Le Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Chillicothe
(STATE OR COUNTRY): Livingston Co.

14. INFORMANT: Mrs Rena Thompson
(Address): Chillicothe Mo.

15. FILED 5-24, 1928 Ruthen Bonney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 24 1928

17. I HEREBY CERTIFY, That I attended deceased from May 24, 1928, to May 28, 1928, that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth

159 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1610 (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) H W Grace, M. D
, 19 (Address) Chillicothe 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: Wheeling Cemetery
DATE OF BURIAL: 5/24 1928
20. UNDERTAKER: R. M. Marshall
ADDRESS: [illegible]

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.