

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

Do not use this space.

21492

**1. PLACE OF DEATH**

County Pettis  
Township Hatch Creek  
City (No. ....) (No. ....) St. .... Ward)

Registration District No. 673  
Primary Registration District No. 5896

File No. ....  
Registered No. ....

**2. FULL NAME** Cornelius Alexs Leftwich

(a) Residence No. Hughesville Route #1 St. .... Ward. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 78 yrs. 6 mos. 14 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline P Leftwich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 28-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 5 14

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) Self

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pettis Co Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER John W Leftwich

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

12. MAIDEN NAME OF MOTHER Elizabeth K Ellis

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

14. INFORMANT (Address) Clay Leftwich  
Route #1 Hughesville

15. FILED June 20 1928 E. G. Leftwich REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928

17. HEREBY CERTIFY That I attended deceased from April 1, 1928, to June 12, 1928 that last saw h. alive on June 7, 1928, and that death occurred, on the date stated above, at 7 1/2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Dilatation of Heart

CONTRIBUTORY (SECONDARY) Valvular insufficiency  
about 1 (duration) 1 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? None

IF NOT AT PLACE OF DEATH: DID AN OPERATION PRECEDE DEATH? no DATE OF ...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) B. P. Cartwright, M. D.  
, 19 (Address) Hughesville 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 Ellis Cemetery Pettis Co DATE OF BURIAL 6/14 1928

20. UNDERTAKER McLaughlin Bros ADDRESS Sedalia

K. E.—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!

6 1928

