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.

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

AUG 23 1928

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 23554
Township Campbell — Primary Registration District No. 2001 — Registered No. 531
City Springfield Mo (No. ..... St. ..... Ward)

2. FULL NAME Willie Belle Leechman
(a) Residence. No. 1803 N. Fremont 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 Female
4. COLOR OR RACE Colord
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1900
7. AGE Years 28 Months Days Unknown — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Springfield Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Hilbert Leechman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Batesville Ark
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Paris Hansford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yellville Ark
(STATE OR COUNTRY)

14. INFORMANT Aggie Gatewood
(Address) E Lynn Street
15. FILED 7-20 1928 O.C Horst Mdo
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18th 1928
17. I HEREBY CERTIFY, That I attended deceased from June 24th, 1928, to July 18th, 1928 that I last saw her alive on July 16th, 1928, and that death occurred, on the date stated above, at 4-40 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of lungs
31
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) E. L. Evans, M. D
July 18th, 1928 (Address) Springfield 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 Lincoln Cemetery — DATE OF BURIAL 7-20 1928
20. UNDERTAKER W. P. Campbell — ADDRESS SPRINGFIELD, MO

Dr Evans