

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.

1928

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

1. PLACE OF DEATH

County Leflore Registration District No. 464
 Township Blue Springs Primary Registration District No. 4277
 City Adrian Mo. (No.) St. Ward)

File No. 124293
 Registered No. 43

2. FULL NAME

James Edwin Leyda
 (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 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>7</u>	<u>4</u>	

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)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carroll County Ohio.
(STATE OR COUNTRY)

10. NAME OF FATHER James Leyda

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

12. MAIDEN NAME OF MOTHER Mildred Bond

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

14. INFORMANT Ed Johnson
(Address) Adrian Mo.

15. Aug 7 1928 W. Schroeder
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sudden death without medical attendant
Possibly sudden hemorrhage or heart failure
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 103B
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 204
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS 204
(Signed) J. P. Cope M. D.
July 27 1928 (Address) Leflore Co. Mo.

*State the DISEASE CAUSING DEATH, and 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 <u>Liberty Cemetery</u>	DATE OF BURIAL <u>7-29 1928.</u>
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20. UNDERTAKER <u>Blincey Bros</u>	ADDRESS <u>Adrian Mo.</u>
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PARENTS

