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

Do not use this space. 1119

Cop

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2891 — Registered No. 58
City Springfield (No. Burge Hospital St. Ward)

2. FULL NAME Infant Mr. Mrs. Chas J. Leeper
(a) Residence. No. Ash Grove Mo. 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 M
4. COLOR OR RACE Wh
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) Jan 14-29

7. AGE — YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, ___ hrs. or 1 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) Springfield Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Chas. J. Leeper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Flossie Hilday
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Everton Mo
(STATE OR COUNTRY)

14. INFORMANT Chas. J. Leeper
(Address) Springfield Mo.

15. FILED 1-17 1929 O C Horst Mae
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-14 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1929, to 1/13, 1926 that I last saw him alive on 1/13 1929, and that death occurred, on the date stated above, at 6 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
1.5 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1 (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) Lee Gay, M. D
1/17, 1929 (Address) 223½ South

*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 Sinking Creek — DATE OF BURIAL 1-16 1929

20. UNDERTAKER Alma Lohmeyer — ADDRESS 534 St Louis

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.

1929 39 6 5