

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

Do not use this space.

2112

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City Festus, Mo. (No.)

Registration District No. 421
Primary Registration District No. 4249

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Leonidas Medley
(a) Residence. No. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | **4. COLOR OR RACE** | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)

Male | White | Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 4 - 1840

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, ___ hrs. or ___ min.
88 | 10 | 7

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) McMurry
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Joseph Medley

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

12. MAIDEN NAME OF MOTHER Lucie Patterson

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

14. INFORMANT Joe Medley
(Address) Festus, Mo.

15. FILED 11 1929 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 11 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1929, to Jan 11, 1929, that I last saw him alive on Jan 11, 1929, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia
108
162 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. E. Rutledge, M. D.
1/2, 1929. (Address) Festus, 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 | **DATE OF BURIAL**

Park Lawn Cemetery | 1-13-1929

20. UNDERTAKER | **ADDRESS**

Pink Land Co. | Festus, Mo.

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.

THIS IS A PERMANENT RECORD

22 1929
 50
 3
 4

