

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1929

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

Do not use this space.

6903

1. PLACE OF DEATH

County Gasper
Township Gasper
City Gasper (No. _____)

Registration District No. 407
Primary Registration District No. 4241

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John R. Leslie
(a) Residence, No. 1542 N. Kentucky 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine M. Leslie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 5 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Coal Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Atchamora
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER La Fayette Leslie

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

12. MAIDEN NAME OF MOTHER Jessie Leslie

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

14. INFORMANT Miss Mattie Leslie
(Address) Carversville Mo.

15. FILED 2-5 1929 W. H. May
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1928, to 2, 1929
that I last saw him alive on 2-1, 1929 and that death occurred, on the date stated above, at 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Prostate
516

CONTRIBUTORY (SECONDARY) 44 (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopical & Lab.
(Signed) W. H. Dumbauld, M. D.

2/5, 1929 (Address) Webb City 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 Memorial Home Burial DATE OF BURIAL 2/5 1929

20. UNDERTAKER Webb City Burial Co ADDRESS Webb City

