

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township St Joseph  
City St Joseph

85  
Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001

9637  
File No. \_\_\_\_\_  
Registered No. 342  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Daniel Eugene Leev

(a) Residence, No. 520 1/2 N 19 St., \_\_\_\_\_ Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>0</u>	<u>4</u>	<u>22</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Chiles  
(b) General nature of industry, business, or establishment in which employed (or employer) ✓  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Delta Ga  
(STATE OR COUNTRY)

10. NAME OF FATHER Albert Leev

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

12. MAIDEN NAME OF MOTHER May Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Full City, Neb  
(STATE OR COUNTRY)

14. INFORMANT Albert Leev

Address Delta Neb

15. FILED 12 1928 John E. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1929, to Mar 12, 1929, that I last saw h. in alive on Mar 12, 1929, and that death occurred, on the date stated above, at 4:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

meningitis non contagious (simple)

CONTRIBUTORY (SECONDARY) Stitis media  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

86 A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

18. WHERE WOUNDS WERE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) A. W. Kearby M. D.

3/12 1929 (Address) St Joseph 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 Delta Nebraska DATE OF BURIAL Mar 13 1929

20. UNDERTAKER Fleeman General Home ADDRESS 1208 Francis

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.

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2

1929  
 9637  
 342

