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

Do not use this space.

File No. 20780

Registered No. 785

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St Joseph (No. Bethesda Hospital St. Ward)

2. FULL NAME: Genevieve Leazenby

(a) Residence. No. ... St., ... Ward, Ridgeway Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: WL

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: R. H. Leazenby

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 21-1909

7. AGE: Years 20 | Months 2 | Days 22 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Eli Sperling

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

12. MAIDEN NAME OF MOTHER: Elizabeth Cooper

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

14. INFORMANT: R. H. Leazenby
(Address): Ridgeway Mo

15. FILED: 24 1929, 19... John G. Ut
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/23 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-14, 1929, to 6-23, 1929, that I last saw h. alive on 6-23, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exophthalmic Goitre
Coma
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hyperthyroidism
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Ridgeway, Mo.

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 22

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinically & basal metabolism

(Signed) John A. R. Zonkin Opinion entire, M. D.

June 24, 1929 (Address) 73 Brown 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: Ridgeway Mo — DATE OF BURIAL: 6/24 1929

20. UNDERTAKER: J. L. Shingleton — ADDRESS: 216 Do 1028

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.