

SEP 24 1929

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

Do not use this space.

27149

1. PLACE OF DEATH
 County Callaway Registration District No. 105-
 Township Sx Arabert Primary Registration District No. 5-15-4 File No.
 City (No.) St. Ward) Registered No. 22

2. FULL NAME Leonard Marcellus Elley
 (a) Residence No. R # 6 Fulton 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

4 MEDICAL CERTIFICATE OF DEATH

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 Susan Elley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 | 1 | 11

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-12-1929

17. I HEREBY CERTIFY, That I attended deceased from June 3, 1929, to Aug 12, 1929 that I last saw him alive on Aug 11, 1929, and that death occurred, on the date stated above, at 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
auto intoxication from
volubus & calitic
1929
1:30 P.M. (duration) 2 months
 CONTRIBUTORY (SECONDARY) Senile Dementia
several months (duration) yrs. months ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER Mahoney

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH,
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. D. Payne, M. D.
 , 19 (Address)

14. INFORMANT Mrs Susan Elley
 (Address) R # 6 Fulton St 10

15. FILED 8-17-29 W. H. Williams
 REGISTRAR

*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 Liberty Cemetery DATE OF BURIAL 8/13 1929

20. UNDERTAKER Hendon Taylor ADDRESS Fulton Mo

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

