

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

Do not use this space.

33368

**1. PLACE OF DEATH**

County Lewis

Registration District No. 257

Township Pattonburg Mo.

Primary Registration District No. 4157

City Pattonburg Mo.

File No. ....

Registered No. ....

St. .... Ward

**2. FULL NAME**

Ottis Frederick Leav

(a) Residence No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Leav (Black)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 3 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 47 7 27

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

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

10. NAME OF FATHER Luther Leav

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

12. MAIDEN NAME OF MOTHER Laura Bell

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

14. INFORMANT Laura Cummings (Address) Pattonburg

15. FILED ..... 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1929

17. I HEREBY CERTIFY That I attended deceased from 28 Oct, 1929, to Oct 30, 1929 that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 2:45 A.M.

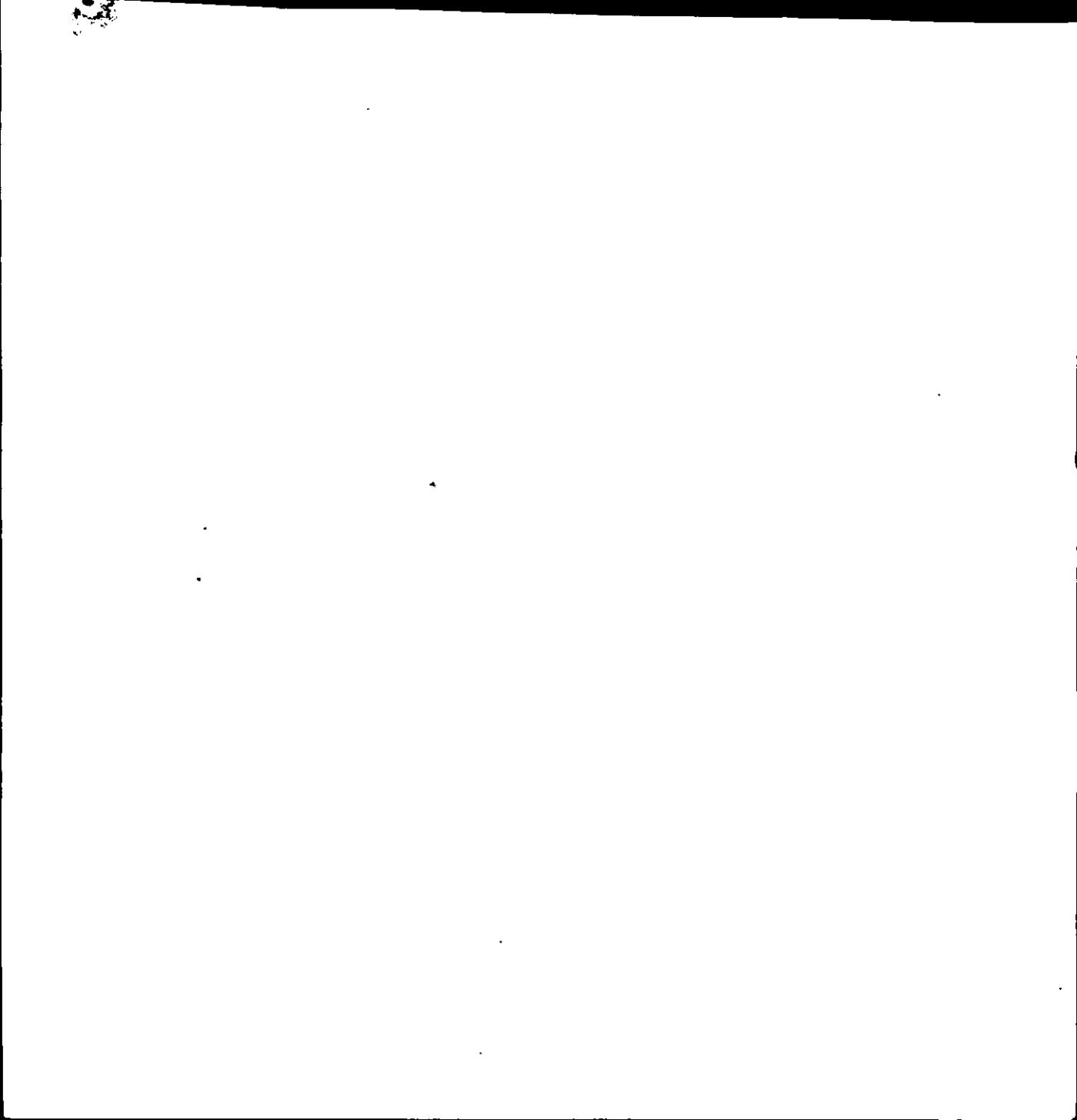
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Subar Pneumonia Fever  
Influenza  
CONTRIBUTORY (SECONDARY) Influenza

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) ..... DID AN OPERATION PRECEDE DEATH? ..... DATE OF ..... WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS. (Signed) Sam H. Hedges, M. D. (Address) Pattonburg  
\*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 1007 Cemetery DATE OF BURIAL Nov 19.....

20. UNDERTAKER G. S. Groner Pattonburg Mo. ADDRESS



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lewis

Registration District No. 254

File No. ....

Township .....

Primary Registration District No. 4134

Registered No. ....

City Jacksboro (No. ....) St. .... Ward)

**2. FULL NAME**

Ottis Frederick Lear

(a) Residence. No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Wid  
(write the word)

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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(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)

10. NAME OF FATHER  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED Nov 21 1929 Jud Taylor REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1929

17. I HEREBY CERTIFY That I attended deceased from ..... to ..... 19....., 19..... that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

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

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS? .....  
(Signed) ..... M. D.  
, 19 (Address)

\*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 Nov 23 19  
20. UNDERTAKER ADDRESS

SUPPLEMENTARY

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